



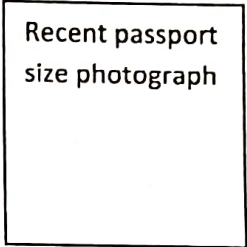
APPLICATION FORMAT:

(Please read the format carefully before filling it. If the format is not filled clearly form will be rejected)

Name of the post applied for Project Coordinator in the project: **“Community-Based Hands-Only Cardio Pulmonary Resuscitation Training in Deoghar District”** in collaboration with the American Heart Association.

Project No: AIIMS/2023/218-EMP-03

1. Name:.....
2. Age:.....
3. Gender:
4. Father's name:.....
5. Date of birth:.....
6. Age as on the last date of the application deadline:days
.....months.....years.
7. Nationality:
8. Marital status:
9. Address for correspondence:.....
.....
.....
.....
10. Address (permanent residential)
.....
.....
.....
11. Contact details: Phone.....
Mobile.....
Email.....



12. Particulars of all examinations passed and degree obtained (commencing with the Matriculation or Equivalent examinations). Attach attested copies of all certificates



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India

Obtained.

Sl. No.	Qualification	Name of Board/ University	Year of passing	Grade/Percentage of marks
1				
2				
3				
4				

13. Give particulars of Employments/Experience held in chronological order-

Sl. No.	Post	Name of the employer/ Institution	From (DD/MM/YR)	To (DD/MM/YR)	Experience in Total	Duties & Responsibilities
1						
2						
3						
4						

14. Details of Enclosures (Please furnish necessary documents for all the requisite information furnished above):.....

.....
.....
.....

DECLARATION:

I hereby declare that the entries in this form and the additional particulars, if any furnished herewith are true to the best of my knowledge and belief.

Place:.....

Date:/...../.....

Signature of candidate