



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)
भारत सरकार / Government of India

Date of Birth & Age:

Correspondence address:

Permanent Address:

Contact number:

Email ID:

*Details of academic & technical qualifications (High School and above. Start from recent):

S.No.	Qualification	Name of Board/University	Year of Passing	Percentage of Marks
1.				
2.				
3.				
4.				
5.				

*Details of Work/Research Experience (After obtaining eligible qualification):

S. No.	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility
1.						
2.						
3.						
4.						
5.						

**(Attach the self-attested copies of educational qualifications, work/research experience and publications)*

No of publications (details of indexed papers should be attached separately): -----

Present employment (if any): -----

Declaration:



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्यएवंपरिवारकल्याणमंत्रालय, भारतसरकारकेअधीनराष्ट्रीयमहत्वकासंस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India

I hereby declare that the above-mentioned details are true, complete, and correct to the best of my knowledge and belief. In case anything furnished by me ultimately turns out to be false, it will lead to cancellation of my candidature.

Date:

Place:

Name:

(Signature)

Enclosure attached:

- 1.
- 2.
- 3.
- 4.
- 5.