

APPLICATION FORM

ALL INDIA INSTITUTE OF MEDICAL SCEINCES (AIIMS) MANGALAGIRI, ANDHRA PRADESH

Recruitment of Professionals on Contractual Basis for Tele – MANAS, National Tele mental health Program, under MoHFW, AIIMS- Mentoring Institute

Advertisement Notification No.

Post applied:

- 1. Name of Candidate:
- 2. Parents name (Father/Mother Name):
- 3. Date of Birth:
- 4. Complete Postal Address
- 5. E-mail ID:
- 6. Contact No (Mobile/Landline)
- 7. Registration Number (if applicable)
- 8. Educational Technical qualification (starting from SSLC/10th onwards)

Examination passed	Name of university/board/Institute	Duration of the course	Date/month /year of passing	Class/perce ntage	Subjects studied
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Space for Photograph Signed across by the candidate 9. Experience details (after possessing minimal required qualification for the post):-

Designation	From	То	Organization	Place	Nature of work
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- 10. List of Supporting Documents required (self attested one set of photocopies be submitted)
 - A. Address Proof (any one Passport/Aadhar card/Voter ID)
 - B. Proof of date of birth (any one: 10 mark sheet/12 mark sheet/birth certificate)
 - C. Undergraduate Degree certificate
 - D. Postgraduate Degree certificate
 - E. Registration Certificate (if applicable)
 - F. Experience certificate

Note: If a candidate produces any certificate that is found to be false on later stage, he/she will be terminated from the service immediately. No correspondence will be entertained in this regard

I hereby declare that the information and	particulars	provided	in this	application	for	the
post and is true.						

Date:	•	
Place:		

Signature of applicant

[Full Name in Capital]