

भारत सरकार / Government of India स्वास्थ्य और परिवार कल्याण मंत्रालय / Ministry of Health and Family Welfare प्रधान मंत्री स्वास्थ्य सुरक्षा योजना / PMSSY

अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences मंगलिगिरि, आंध्र प्रदेश / Mangalagiri, Andhra Pradesh www.aiimsmangalagiri.edu.in

<u>Application for Medical Physicist (RSO Certified) On Contractual Basis In The Department Of</u> <u>Nuclear Medicine AHMS Mangalagiri for a Period of 11 (Eleven) Months</u>

(Annexure-I)

Personal Details (in Block Letters)

11. Gender			MALE					which you belong FEMALE				OTHERS						
8. Date of Birth (Ple document for evid		D	D	M	M	Y	Y	Y	Y	10.1	Nan	onality		eto				
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Phone/ Land Lin 7. AADHAR	ıe					-					\dashv		+			+		
6. Phone/Mobile	10	+				\vdash					-		-			+		_
5. E-mail ID (In cap	oital letters)					1					Ţ		<u> </u>					1
3. Permanent Address																		
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3. Address for Correspondence																		
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Husband's Name																		
2. Father's/																		
(As per SSC/ X Standard)		1																
1. Full Name in Block Letters		-									+					·		
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Post Applied For	Recruitment/03/2022-23/HRD/Med Physicist/: : Medical Physicist											recent passpor						
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	13. If Physically	Challenged (OPH Cate)	gory) Percentage Di	sability						
14. Ed	lucational (Qualifications:								
Name of Examination		Subject/Discipline	University/Boar /Council of e	rd/Institution xamination	Month, Year of Passing	Total Marks Obtained		Percentage	Duratio of Cour	
	ny other alification									
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15. E	xperience:									
			Period o	of Service	Pay Bar	nd and				
Sl. No	Name o	of the Organization	FROM	ТО	Grade			ature of Duties Performed		
16. Ple	ease bring ori	ginal certificates alo	ong with 1 set of	self attested p	photocopies	s of rela	ted do	ocuments (as		
M	Ientioned in tl	he advertisement) at	t the time of inte	rview.						
		ication Fee: NEFT/			Doto	Amou	nt Do			
17. DC	tans of Appn	ication ree. NET 17	OTK NO		Date	_Amou	iii ixs.			
Sr.										
No.	Copy of t	Copy of the documents (self attested) Please Tick (
1		Certificate of Date of Birth (Class X Certificate)								
2	AADHAR									
3	Degree Cer	tificate ysics/ Chemistry								
5		ear Medicine								
7	Certification									
8	SC/ST/OBO	C/PH certificate issue	d by the competen	nt authority (if	applicable)					
Q	Experience	Cartificate	<u> </u>		-					

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No Objection Certificate

Copies of any other relevant documents

DECLARATION

beli tern	ef. In the event of any information	form as above are true and correct to the best of my knowledge and being found false/incorrect candidature/ services are liable to be agree to abide by the terms
with		vernment Institution/Autonomous body OR I am employed ent Institution/Autonomous body and if selected, I shall join duty only y current employer.
		(Signature of the Candidate)
Plac Date		
For o	office use only:	
Con	nments of the Screening	committee:
1.	Eligible/Ineligible:	
2.	If ineligible the reasons thereof:	Age :
	Ç	Educational Qualification:
		Application :
		Non submission of fee/others:
3.	certificate valid for the posts un	gory certificate: OBC Candidate: Candidates must attach ader the Central Government of India which mentions that to Creamy Layer. Date of issue of Certificate should not crucial date.
4.	Remarks, if any:	
	(Signature of the Screening Co	ommittee Member)
	(Signature of the Screening Co	ommuee Member)