

APPLICATION FORM

Please Affix Recent
Photograph

APPLICANT'S NAME

AGE, GENDER

EMAIL ID

PERMANENT ADDRESS

.....

CONTACT NO- 1), 2)

YEAR OF PASSING

- 1) Graduation
- 2) Post Graduation

COURSE NAME

- | | |
|----------------------------|----------------------------|
| 1) Graduation | Aggregate Percentage |
| 2) Post Graduation..... | Specialty |
| Aggregate Percentage | |

EXPERIENCE:

NUMBER OF PUBLICATIONS:

AWARDS:

The Envelope should have appropriate mentioned of "Application for the post of Research Officer for NOHP Project"

All application must be emailed to aiimscder@gmail.com on or before 17 October 2020.....

NOTE: The resume must comply the format else liable for rejection


राजेन्द्र कुमार शर्मा/R.K. SHARMA
 प्रशासनिक अधिकारी
 Administrative Officer
 द.शि.अनु क./C.D.E.R.
 अ.भा.आ.स./A.I.I.M.S.
 नई दिल्ली/New Delhi-110029