

अखिल भारतीय आयुर्वि ज्ञान संस्थान, रायपुर (छत्तीसगढ़) All India Institute of Medical Sciences Raipur (Chhattisgarh) G. E. Road, Tatibandh, Raipur-492 099 (CG) www.aiimsraipur.edu.in

APPLICATION FORM TO THE POST OF...... ON CONTRACTUAL BASIS FOR A PROJECT ENTITLED "A PILOT STUDY OF ACE(D/t) GENE POLYMORPHISM IN COVID-19 POSITIVE PATIENTS AND THEIR HEALTHY CONTACTS" TO BE CONDUCTED AT AIIMS RAIPUR (CG). 1. Name of the post applied for:-____ Affix Passport Size selfattested colour 2. Name of the Project:-_ photograph here. 3. Name in block letters:-4. Father / Husband's Name in block letters:-5. Postal Address: State:-PIN:-

6. Contact Nu					
7. E-mail ID:-					
8. Permanent	Address:				
State:-					
PIN:-					
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9. Date of Bir	th with docume	entary Evidenc	e-		
10. Gender: -	Male / Fer	nale			
	al Qualification			1	
Name of the Examination	Subject/Discipl ine/Speciality	University/Ins titute/College	Year of Passing final examination	Marks obtained	Percentage
		आरोग्यम् सु	ख सम्पदा		
			1		

12. Work Experience: -

Date: -

SN	FROM	ТО	POST HELD	NAME OF EMPLOYER	REASON FOR LEAVING
	4				

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place: -		
Name of Candidate:		
		₹.
Signature of Candidate:	-	