



**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).**

6. Contact Number:-

7. E-mail ID:-

8. Permanent Address:

State:-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PIN:-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. Date of Birth with documentary Evidence-

10. Gender: - Male / Female

11. Educational Qualification: -

Name of the Examination	Subject/Discipline/Speciality	University/Institute/College	Year of Passing final examination	Marks obtained	Percentage
		आरोग्यम् सुखं सम्पदा			

12. Work Experience: -

SN	FROM	TO	POST HELD	NAME OF EMPLOYER	REASON FOR LEAVING

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.

Date: - _____

Place: - _____

Name of Candidate: - _____

Signature of Candidate: - _____