

APPLICATION FORM

Advt. No. AIIMS/RIS/

Date of Walk-In-Interview/VC: DD/MM/YYYY  
Application for the Post of :

1. Name of the Applicant : \_\_\_\_\_

2. Gender : Male/Female

3. Category : PWD/SC/ ST/OBC/GEN

4. Marital Status : Married/Unmarried

5. Father's /Spouse Name : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_

7. Age as on DD/MM/YYYY :

Days	Months	Years

8. Address for Communication : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_ PIN \_\_\_\_\_.

Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

9. Permanent Address : \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Mobile No.: \_\_\_\_\_

10. Nationality : \_\_\_\_\_

11. Educational Qualification: (Enclose self-attested photocopies of degree/diploma certificates & mark sheets)

<b>Examination</b>	<b>Subjects</b>	<b>Board/ Council/University</b>	<b>Month &amp; Year of Passing</b>
X <sup>th</sup> (HSC)			
XII <sup>th</sup> (HSSC)			
Diploma			
Degree			
Post Graduation			
Others			

12. Current Activities:

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13. Experience:

Name of the Organization/Institution where worked	Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

(Use separate sheet if space is inadequate)

14. Name and address of two referees well known with the applicant's work:

Name	Occupation Position	or	Address with telephone No. & e-mail
1.			
2.			

**15. Any other information you wish to add:**

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**DECLARATION**

I, \_\_\_\_\_ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place: .....

Date: .....

(Signature of the applicant)

**Full Name:**