



All India Institute of Medical Sciences Rishikesh
अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

Application Performa

1. Name (in capital):
2. Apply for Post:
3. Date of Birth:
4. Age:
5. Whether belongs to SC/ST/OBC category:
6. Sex:
7. Nationality:
8. Marital Status:
9. Address:
10. Mob. No. Landline No.:
11. Email Id:

Educational Qualifications:

S. No	Examination passed	Board/University	Passing Year	Percentage scored

Experience (Post Qualification):

S. No	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility

Signature

Date:

Place:

Enclosures:

- 1. Proof of Essential Qualification**
- 2. Copy of Experience certificate (if applicable)**