APPLICATION FORMAT

Addiction Treatment Facility (ATF) AIIMS Rishikesh - 249203 supported by Ministry of Social Justice and empowerment, Govt. of India

A. Name of the Applicant:

D. Doet applied for A	Andinal Officer	/ Nurses / Courseller /ple	aca tial and		
B. Post applied for: Medical Officer / Nurse / Counsellor (please tick and also mention clearly in writing) C. Age (as on date of application): D. Gender:				Paste latest (self-attested) passport size photograph	
F. Father's / Husband's	s Name:				
G. Present Address:					
H. Mobile No.		I. Telepho	one.		
L. Preferred Communic	cation Address	: Present / Permanent ested Proof - Xerox copies to be			
Qualification	Year	Board / University	% of Marks obtained	Attempts / Remarks	
High School					
Secondary School					
Essential qualification (as per advt.)					
Other (plz mention)					

N. Experience: (Self-a	ttested Proof	- Xerox cop	ies to be atta	iched)

Post	Organization	From / To	Period	Salary
	<u> </u>			

O. Any other:					
Signature of Candidate:					
Name of Candidate:					
Date:					
Place: Phone: email:					