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

<u>Application Performa</u> *

1. Name (incapital):_____

2. Father Name :_____

3. Apply for Post: _____

4. Date of Birth: _____

5. Age: _____

6. Whether belongs to SC/ST/OBC category:_____

7. Sex: _____

8. Nationality: _____

9. Marital Status: _____

10. Address: _____

11. Mob. No._____   Landline No._____

12. E-mail id: _____

Educational Qualifications:

S.No	Examination passed	Board/University	Passing Year	Percentage scored
1				
2				
3				
4				

Experience (Post Qualification):

S.No	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility
1						
2						
3						
4						

Signature

Date: _____

Place: _____

Enclosures attached:-

1.
2.
3.