



All India Institute of Medical Sciences, Rishikesh- 249203

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश- 249203

## Department of Community & Family Medicine

### 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. 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.