



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश – 249203
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH

Population Based Cancer Registry

APPLICATION FORM

1. Name (in capital letters): _____
2. Father Name: _____
3. Application for the Post of: _____
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. _____
12. E-mail ID: _____

Affix self-attested
Passport size photo

Educational Qualifications:

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



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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 | | | | | | |

Date: _____

Place: _____

Signature

Enclosures attached (all required documents): -

- 1.
- 2.

Note: Please send your filled application forms with enclosures in a single pdf on aiimsrishikeshpbcr@gmail.com latest by 04 November 2023.