

All India Institute of Medical Sciences, Rishikesh-249203 Department of Cardiology

APPLICATION FORMAT

Name of the Project: Recruitment Advertisement for Extramural Project Title "Yoga in Pulmonary hypertension: Open label, multi centric, randomized controlled clinical trial"

Post applied for
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1. Name (Capital Letter):
2. Father's/Spouse's Name:
3. Date of Birth:
4. Gender: 5. Category:
6. Mobile No.: 7. E-mail:
8. Address:
9. Educational Qualification (Matriculation onwards)
S.No. Examination Board/University Year of Subject % of Marks Passed Studied
10. Experience:

S.No.	Place/Name of Institute	Nature of Duties	Date of Joining	Date of Leaving



All India Institute of Medical Sciences, Rishikesh-249203 **Department of Cardiology**

DECLARATION

I hereby declare that the information furnished above is true, complete and correct
to the best of my knowledge and belief. I understand that in the event of any of the
information provided by me are found false or incorrect at any stage, my
candidature/appointment shall be liable for cancellation/termination without notice or
any compensation in lieu thereof.

Place:			
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Date:			