



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश
All India Institute of Medical Sciences, Rishikesh
सामुदायिक एवं पारिवारिक चिकित्सा, विभाग
Department of Community and Family Medicine
APPLICATION FORM

Advt. No. AIIMS/RIS/

Date of Walk-In-Interview/VC: DD/MM/YYYY

Application for the Post of :

1. Name of the Applicant :

2. Gender :

3. Category : Male/Female PWD/SC/

ST/OBC/GEN

4. Marital Status :

5. Father's /Spouse Name : Married/Unmarried

6. Date of Birth :

7. Age as on DD/MM/YYYY :

Days	Months	Years

8. Address for
Communication

: _____ PIN _____

Mobile No.: _____

Email: _____

9. Permanent Address : _____

_____ PIN.

_____ Telephone No. _____

Mobile No.: _____

10. Nationality



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11. Educational Qualification: (Enclose self-attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	Month & Year of Passing
X th (HSC)			
XII th (HSSC)			
Diploma			
Degree			
Post Graduation			
Others			

12. Current Activities:



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13. Experience:

Name of the Organization/Institution where worked	Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

(Use separate sheet if space is inadequate)

14. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		



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15. Any other information you wish to add:

DECLARATION

I, _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated."

Place:

Date:.....

(Signature of the applicant)

Full Name: