Application form for engagement of Senior Perfusionist on Contractual Basis for AIIMS, Bhopal

Advertisement No. with date	

Affix passport size self-attested colour photograph

1- Name in block letters:-

2- Father/Husband's Name in block letters:-

3- (a) Permanent Address:-

State	
Pin	

(b) Postal Address:-

State	
Pin	

4- Contact Details:-

Phone No. with STD Code:	
Mobile No.	
E-Mail	

5- Date of Birth as per the certificate	

Age as on the last date of application	

6- Gender	**Male**		**Female**	

Tick the relevant

7- Candidate's Category (UR/SC/ST/OBC/EWS)	
8- Category Applied for (UR/SC/ST/OBC/EWS)	

Mention the Category (attach relevant Supporting document. In case of OBC & EWS, the certificate should be issued by the appropriate authority recently valid for appointment to the post reserved under Govt. of India)

9- Are You (a) A citizen of India by birth or by domicile?	**By Birth**	**By Domicile**
10- Person with disability (PWD)/ If yes, then mention the %		

11- Educational Qualification:-

Name of the Examination	Subject/ Discipline/ Speciality	University/ Institute/ College	Date of completion of course	Month & Year of Passing final examination	Marks obtained	Duration of Course

12- Experience:

Name of the Organization	Date of Joining	Date of leaving	Name of the post	Whether on Adhoc/ Contract/ Regular/ Outsourced	Pay Band and present basic pay/Level

13- In your understanding, top 10 priority required areas for the Institute.- [Please add sheets, if required]

14. Fee details:-

D.D. No. _____ Amount (in Rs.) _____ Dated _____

Bank Name _____

15- Attach self-attested photocopies of the following certificates/documents in the order as mentioned below.

a. Certificate in respect of date of birth.
b. Degree certificates of the Qualification as mentioned in Sl. No. 11 of this application form.
c. Experience Certificate as mentioned in Sl. No. 12 of this application form.

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that if any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place: Signature of the Candidate

Date: Name of Candidate in block letters:

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