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अखिल भारतीय आयुर्विज्ञान संस्थान, पटना

ALL INDIA INSTITUTE OF MEDICAL SCIENCE PATNA

Department of Psychiatry

Addiction Treatment Facility

Post Applied	..... Under Advt. No .....

Fee Details: (if applicable)		**D.D.No. _____ Bank Name _____ Date: _____**	
1.	**Name (in BLOCK Letters)**		Affix recent passport size photo
2.	**Father's Name**		
3.	**Date of Birth**		
(Please attach an attested copy of the relevant certificate)			

4.	**Permanent Address**					
5.	**Address for Correspondence**					
6.	**Mobile No. /Telephone No.**			**7. Citizenship**		
8.	**E-mail ID**			**9. Gender (M/F)**		
10.	**Category**	**SC**	**ST**	**OBC**	**OPH**	**EWS**
(Please tick ( ) the appropriate category and attach an attested copy of the relevant certificate if seeking Reservation)						

11.	**Educational Qualification**			
	Exam Passed	**Name of Institute**	**Year of Passing**	**Grade/ Percentage**
a.	**10th**			
b.	**12th**			

*Attach a separate sheet with attested copies of relevant documents if required.

12.	**Details of Education**				
Sl. No.	**Professional Education**	**Year of final exam**	**Name of the Institute/ University**	**Percentage/ Pass**	**No. of Attempts**

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Attach attested copies of relevant documents.

13.	Experience				
	Experience as	Name of Institute	From (date)	To (date)	Remarks
1					
2					
3					

***Attach attested copies of relevant documents.**

Declaration

I, Dr./Mr./Mrs./Miss. ..... S/o/ D/o, ...
Do hereby declare and affirm that all the statements made in this application are accurate, complete, and correct to the best of my knowledge and belief, and nothing has been concealed thereon. If any information is found false or incorrect or ineligible detected at any point, my candidature shall be liable to be rejected without any notice. I further declare that I fulfil all the eligibility conditions prescribed for the post regarding age limit, educational qualification, experience, et. I am not employed in any other Government Institution/ Autonomous body, or I am employed with ..... Government Institution/ Autonomous body, and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Signature of Candidate

Sambhu Das

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Checklist of Certificates	
1. Date of Birth Proof (Class X Certificate)	
2. 2 recent passport size photograph (1 affixed on the application form)	
3. Graduation Mark Sheets (as applicable)	
4. Graduation Degree Certificate (as applicable)	
5. Post-Graduation Mark Sheets (as applicable)	
6. Post-Graduation Mark Sheets (as applicable)	
7. Registration certificate from MCI/ State Medical Council/ RCI	
8. NOC from the present employer (if employed)	
9. Certificate of SC/ST/OBC (Non-Creamy Layer)/ OPH/ EWS from the competent authority	
10. Experience Certificate (if any)	
11. Photo Identity Proof	

Sambhu Kd