APPLICATION FORM

ALL INDIA INSTITUTE OF MEDICAL SCEINCES (AIIMS)

MANGALAGIRI, ANDHRA PRADESH

Recruitment of Professionals on Contractual Basis for Tele – MANAS, National Tele mental health Program, under MoHFW, AIIMS- Mentoring Institute

Space for Photograph Signed across by the candidate

Advertisement Notification No.

Post applied:

1. Name of Candidate:
2. Parents name (Father/Mother Name):
3. Date of Birth:
4. Complete Postal Address
5. E-mail ID:
6. Contact No (Mobile/Landline)
7. Registration Number (if applicable)
8. Educational Technical qualification (starting from SSLC/10th onwards)

Examination passed	Name of university/board/Institute	Duration of the course	Date/month /year of passing	Class/percentage	Subjects studied

9. Experience details (after possessing minimal required qualification for the post):-

Designation	From	To	Organization	Place	Nature of work

10. List of Supporting Documents required (self attested one set of photocopies be submitted)
    A. Address Proof Original (any one Passport/Aadhar card/Voter ID)
    B. Proof of date of birth Original (any one: 10 mark sheet/12 mark sheet/birth certificate)
    C. Undergraduate Degree certificate
    D. Postgraduate Degree certificate
    E. Registration Certificate (if applicable)
    F. Experience certificate

    Note: If a candidate produces any certificate that is found to be false on later stage, he/she will be terminated from the service immediately. No correspondence will be entertained in this regard

    I hereby declare that the information and particulars provided in this application for the post and is true.

    Date:

    Place:

    Signature of applicant

    [Full Name in Capital]