

अखिलभारतीयआयुर्विज्ञानसंस्थाननागपुर ALL INDIA INSTITUTE OFMEDICAL SCIENCES, NAGPUR







Application form for Posts on Contracts basis

Advertisement No.									Affix here a recent passport size colorphotograp h						
Name of post											(р			
1. Name inblockletters :-															
2. Father/Husband's Name in blockletters:-															
3. a) PermanentAddress:-															
State															
Pin															
(b)Postal Address:-															
												_			
State															
Pin															

4. ContactD	etails							
Phone No	with STD Co	ode						
Mobile No	o.:							
E-mail ac	ddress:							
5. Date of Birtl	h with docum	nentary evidenc	Date e	Month	Ye	ear		
Age as on	31-01-2021		Year	Month	Da	ay		
(Tick the 1	relevantcolun	rth and or by do nn) nicile, attach do		ByBirthByDomi	cile			
If yes, documentar certificate s authority re	mention t ry evidence) should be iss	candidate? (Yes, he Category In case of C sued by the ap for appointme rt. of India.	(attach OBC, the ppropriate					
8. Sex: (Tickthe rel	levant)		Ma	Male Female				
9. Educational	Qualification	1:-						
Name of the Examination	Subject/ Discipline/ Specialty	University/ Institute/ College	Date of completion of course	Month & Yearof Passing final examination	Marks obtained	Duration of Course		

10. Experience:-

Name of the organization	Date of joining	Date of leaving	Name of thepost	Whether on Ad-hoc/ Contract/ Regular Basis	Nature of work (Teaching, Research or patientcare)	Pay Band and present basic pay

- 11. Attach self attested photocopies of the following certificates/documents in the order as mentioned below:-
 - 1. Date of birthProof as mentioned in Sl. No. 5 of this application form.
 - 2. Degree certificates of the qualification as mentioned in Sl.No. 9 of this application form.
 - 3. Experience Certificate as mentioned inSl.No. 10 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 any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place		
Signatı	are of the candidates	
Date		
	(in block letters)	Name of the candidate