

ALL INDIA INSTITUTE OF MEDICAL SCIENCES JODHPUR

Basni Phase-II, Jodhpur-342005 (Raj) Website: http://www.aiimsjodhpur.edu.in

Application Form

Advertisement No.	
Name of the Department applied for	
Name of the Post	

Personal Details (in Block Letters)

1. Full Name																			
2. Father's Name																			
3. Address for																			
Correspondence																			
													1				1		
4.Permanent Address																			
5.E-Mail Id												1			1				1
6.Phone /Cell No.																			
7.Date of Birth			D	D	М	Μ	Y	Y	Y	Y	8.Nat	ionali	ty						
(Please Attach Document for	Eviden	ce)									9.Stat	te to v	which	you	belon	g			

10 If Physically Challenged	Type of Handic	nc		De	rcor	tage Disability	

10.If Physically Challenged	Type of Handicap	Percentage Disability
Candidate		

11.Category	SC S	ST	OBC	UR

12.Details of Educational	Qualifications		
Examination Passed	University/Board/Institution/Council of	Month, Year of	No. of Extra
Examination Passeu	Examination	Passing	Attempts
Secondary (10 th)			
Senior Secondary (12 th)			
MBBS			
MS/MD/DNB			

13.Work Experience (if a	any)														
Name of Organization				Peri	od o	f Ser	vice	e Fro	om				Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for Leaving Services
			Fre	om					Т	о						
	D	D	м	М	Y	Y	D	D	м	м	Y	Y				

14.Publication	Index National Journal	Index International Journal

15. If Selected, specify the minimum	
required time to join	

Bring the original and attested photocopies of related documents and publications at the time of Interview.

16. I,....agree to abide by the term and conditions for contractual appointment (Annexure – 1 of advertisement).

Place :

Date :

Signature of the Candidate