



13. Detail of previous work Experience from Present to Post (attached separate sheet)																
Name of Organization	Period of Service From												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for Leaving Services
	From						To									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

14. If Selected, specify the minimum required time to join	
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16. Whether MBBS/M.D/MS degree is recognized by Medical Council of India: Yes/No
15. Whether registered with State Nursing Council or Indian Nursing council: - (with documentary proof)
- a) Registration No with the Nursing Council of India : \_\_\_\_\_
- b) State in which registered : \_\_\_\_\_
- \*Attach attested copies of relevant documents.**

**DECLARATION BY THE CANDIDATE**

I,.....declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any misstatement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected and my candidature is cancelled as a result thereof.

I,.....agree to abide by the terms & conditions for appointment (Annexure - 1 of advertisement) mentioned in advertisement no Admn/Estt/12/01/2015-AIIMS.JDH.

Date:-

Place:-

Signature of Candidate