

ALL INDIA INSTITUTE OF MEDICAL SCIENCES JODHPUR

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

Application Form																								
Advertisement No.	Admn/Estt/12/01/2015-AIIMS.JDH																Affix Passport Size Photograph							
Name of the Department applied for																			(duly Self attested				
Name of the Post																								
Personal Details (in Block L	etters))																						
1. Full Name																								
2. Father's Name																								
3. Address for Correspondence																								
4. Permanent Address																								
5. E-Mail Id																								
6. Phone /Cell No.																								
7. Date of Birth (Please Attach Document for Evidence)			D	D	M M		Y	Y	YY		Y	8. Nationality 9. State to which you belong												
10. If Physically Challenged Candidate		Type of Handicap Percentage Disab														oility	7							
11. Category	SC	S		<u>T</u>		OBC		UR																
12. Details of Educational Qu	valifica	tions						ı																
Examination Passed			Degree			University/Board/ Month, Year Institution/Council of Examination of Passing										No. of Extra Attempts			Percentage / Grade					
Secondary (10 th)																								
Senior Secondary (12 th) B.Sc. Nursing/ Post B.Sc. Nur Diploma in General Nursing Midwifery																								

M.Sc. Nursing/ Master of Nursing

Name of Organization			Perio From	d o	f Se	ervi	ic		m To				Designation	Nature of Duties	Total Monthly Emoluments	Reason for Leaving
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14. If Selected, specify the required time to join	e mi	nin	num													
6. Whether MBBS/M	.D/l	MS	degree	is r	eco	ogni	iz	ed by	y I	Me	dic	al (Council of India:	Yes/No		
.5. Whether registere	d w	ith	State N	urs	ing	; Co	u	ncil o	or	·In	dia	n N	lursing council:	- (with documer	ntary proof)	
a) Registration No w	ith t	he	Nursing	g Co	oun	cil	of	f Indi	ia		:_					
b) State in which reg *Attach attested				var	ıt d	loci	uı	men	ts.		:_					
						<u>DE</u>	<u>C</u>	<u>LAR</u>	A]	ГЮ)N	BY	THE CANDIDA	<u>ΓΕ</u>		
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Date:-																
Place:-																
															Sjønature	of Candidate

13. Detail of previous work Experience from Present to Post (attached separate sheet)