



# 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/01/03/2015-AIIMS.JDH	Please attached Recent Passport Size Photo
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																				

4. Permanent Address																				

5. E-Mail Id																				
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6. Phone /Cell No.																				
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7.Date of Birth (Please Attach Document for Evidence)	D	D	M	M	Y	Y	Y	Y	8.Nationality	
									9.State to which you belong	

10.If Physically Challenged Candidate	Type of Handicap	Percentage Disability

11. Category	UR	OBC	SC	ST

12. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )			
Senior Secondary (12 <sup>th</sup> )			
MBBS / Medical M.Sc			
MS/MD/DNB/P.hd			

13. Work Experience (if any)																
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. Publication	Index National Journal	Index International Journal

15. If Selected, specify the minimum required time to join	
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Bring the original and attested photocopies of related documents and publications at the time of Interview.

16. I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false /incorrect my candidature/services are liable to be terminated without any notice. I ..... agree to abide by the terms and conditions for contractual appointment (Annexure – 1 of advertisement).

Place:

Date:

Signature of the Candidate