

अखिल भारतीय आयुर्विज्ञान संस्थान, बासनी, जोधपुर (राजस्थान) – 342005. All India Institiute of Medical Sciences,

Basni, Jodhpur (Rajasthan)-342005.

## Affix self attested Photograph

# **Application Form**

here

Advertisement No.				
Name of the Department applied				
for				
Name of the Post(please Tick ✓	CD	Tutor/Domonstrator	ю	
the applicable)	SR.	Tutor/Demonstrator	JR.	

### Personal Details (in Block Letters)

1. Full Name																					
2. Father's Name																					
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3. Address for																					
Correspondence																					
		•																	•	•	
4.Permanent																					
Address																					
																-	-				
5. E-Mail Id	T	I	1		T			T						T	T			T	T	T	
	-														-	-	-	-		-	-
6. Phone /Cell No.																					
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7.Date of Birth				D	D	Μ	Μ	Y	Y	Υ	Y	8.Na	tiona	lity							
(Please Attach Document for	D D M M Y Y Y 8.Nationality																				

9.If Physically Challenged	Type of Handicap	Percentage of Disability
Candidate		

10.Category	SC	ST	OBC	UR



11.Details of Educationa	I Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	% of Marks	Month & Year of Passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )				
Senior Secondary (12 <sup>th</sup> )				
MBBS/BSc				
MS/MD/DNB/MSc				
PhD				

12.	Work Experience(if any) from Pre	ser	t t	o Pa	ast	(at	tac	h s	epa	rat	e s	hee	et if	<sup>f</sup> required)		
	Name of Organization including ity & state	Period of Service From							)					Designation	Nature of Duties performed	Monthly Emoluments
		D	D	М	м	Y	Y	D	D	М	М	Y	Y			

13.Publicatio	13.Publications- Indexed and Non-Indexed Separately (Attach separate sheet if required)									

### 14. Any Other Information:

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

### **Declaration**

Place:

Date:

Signature of the Candidate