

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

Affix self attested Photograph here

## **Application Form**

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

## Personal Details (in Block Letters)

1. Full Name													
2. Father's Name													
3. Address for													
Correspondence													
	•	•	•		•			•	•	•	•		
4.Permanent													
Address	 											 	
Address												 	
5. E-Mail Id													
6. Phone /Cell No.													
					•								

7.Date of Birth (Please Attach Document for	D	D	Μ	Μ	Y	Y	Y	Y	8.Nationality				
Evidence)									9. Category	SC	ST	OBC	UR

10. If Physically Challenged	Type of Handicap	Percentage of Disability :
Candidate		

## 11. Details of Payment

DD/ Pay Order No.	Date	Name and address of Bank	Amount



12.Details of Educational	Qualifications	-		-	
Examination Passed	Degree	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> )					
Graduation					
Post Graduation					
PhD					

13. W	13. Work Experience(if any) from Present to Past (attach separate sheet if required)															
S.No	Name of Organization including	Pe	erio	d o	f Se	rvio	ce							Designation	Nature of Duties	Monthly
	city & state	From						То							performed	Emoluments
		D	D	М	М	Y	Υ	D	D	М	М	Y	Y			

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

15. 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