



All India Institute of Medical Sciences, Rishikesh- 249203

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश- 249203

Department of Community & Family Medicine

Mandatory

Application Performa

1. Name (in capital): _____
2. Father's Name: _____
3. Apply for Post: _____
4. Date of Birth: _____
5. Age: _____
6. Whether belongs to SC/ST/OBC category: _____
7. Sex: _____
8. Nationality: _____
9. Marital Status: _____
10. Address: _____
11. Mob. No. _____ Landline No. _____
12. E-mail id: _____

Educational Qualifications:

S. No	Examination passed	Board/University	Passing Year	Percentage scored
1				
2				
3				
4				

Experience (Post Qualification):

S. No	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility
1						
2						
3						
4						

Signature

Date: _____

Place: _____

Enclosures attached:-

- 1.
- 2.
- 3.