



अखिल भारतीय आयुर्विज्ञान संस्थान नागपुर
All India Institute of Medical Sciences, Nagpur

Annexure-I

APPLICATION FORM

Photo

(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

Exact Name of Position applied for:		
Name:		
Father's/Husband's Name:		
Date of Birth (DD/MM/YYYY):	Blood Group:	Gender:
Marital Status:	Nationality	Category:

Address/Contact Details: (Name of the District and Pin code is compulsory)

Address (Present/Correspondence):	
E-mail Id for correspondence:	Mobile No.

Languages Known (Write "Y"/ "N")	English	Hindi	Marathi	Others (Please specify below)

Academic/Professional Education Summary: (Starting from most recent)

From	To	Degree/Diploma	University/ Institute	Specialization/Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage

From	To	Degree/Diploma	University/ Institute	Specialization/Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage

Computer Knowledge:

Certification	Yes	No

Work/Experience Summary: (Starting from current/most recent)

Sr. No.	From (MM/YY)	To (MM/YY)	Organization	Designation	Role and Responsibilities

Total Experience (In Years and Months):

Declaration:

I hereby declare that all statements made in the application are true, complete, and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/ false/ incorrect, or I do not satisfy the eligibility criteria, my candidature will be cancelled, without assigning any reason thereof. I have read the advertisement and agree to abide by the rules, regulations, and procedures for appointment to the post applied for.

Name :-

Place:-

Date:-

Signature:-

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. Institute shall not be responsible for late receipt or non-receipt of the application/ for any technical reason whatever. The applications received after the due date and time shall not be considered.

SMALL FAMILY DECLARATION

Form-A

I, Shri/Smt./Kum. _____

son/daughter/wife of Shri. _____

aged _____ years, resident of _____

do hereby declare as follows:

1. That I have filled my application for the post of _____.
2. I have _____ (Number) living children as on today. Out of which no. of children born after 28th March 2005 is _____ (Mention date of Birth, if any)
3. I am aware that if any total number of living children are more than two due to the children born after 28th March 2006, I am liable to disqualified for the same post.

Place:

Date:

Signature