अखिल भारतीय आयुर्विज्ञान संस्थान नागपुर

प्लॉट नंबर - 2, सेक्टर - 20, मिहान, नागपुर - 441124

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Plot No – 2, Sector – 20, MIHAN, Nagpur– 441124

Website: - www.aiimsnagpur.edu.in

Application form for Posts on Contract basis

Affix here a recent passport size color photograph

Advertisement No.

Name of post

1. Name in block letters :-

2. Father/Husband 's Name in block letters:-

3. a) Permanent Address:-

State

Pin

(b) Postal Address:-

State

Pin

4. Contact Details :

Phone No. with STD Code

Mobile No.:

E-mail address:

5. Date of Birth with documentary evidence

Date Month Year

As on last date of application:

Year Month Day

6. Are you

(a) A citizen of India by birth and or by domicile? (Tick the relevant column)

By Birth By Domicile

If citizen of India by domicile, attach documentary evidence

7. Are you a SC/ST/OBC Candidate? (Yes/No):

If yes, mention the Category (attach documentary evidence) In case of OBC, the certificate should be issued by the appropriate authority recently valid for appointment to the post reserved under Govt. of India.

8. Sex: Male Female

(Tick the relevant)

9. **Educational Qualification:-**

Name of the Examination	Subject/ Discipline/ Specialty	University/ Institute/ College	Date of completion of course	Month & Year of Passing final examination	Marks obtained	Duration of Course

10. **Experience:-**

Name of the organization	Date of joining	Date of leaving	Name of the post	Whether on Ad-hoc/ Contract/ Regular Basis	Nature of work (Teaching, Research or patient care)	Pay Band and present basic pay

11. Attach self-attested photocopies of the following certificates/documents in the order as mentioned below:-

1. Date of birth Proof as mentioned in Sl. No. 5 of this application form.
2. Degree certificates of the qualification as mentioned in Sl. No. 9 of this application form.
3. Experience Certificate as mentioned in Sl. No. 10 of this application form.

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place

Date Signature of the candidates

Name of the candidate
(in block letters)