अखिलभारतीयआयुर्विज्ञानसंस्थान , बिलासपुर
हिमाचलप्रदेश -१७४०३७
All India Institute of Medical Sciences, Bilaspur
Himachal Pradesh-174037
https://aiimsbilaspur.edu.in
Department of Nephrology

APPLICATION FORM

(Annexure-1)

Paste Your Recent passport Size Photograph Here

1. Name of the Post:_____
2. Advertisement File No. & Date:_____
3. Name of the Candidate:_____
4. Father's Name:_____
5. Date of Birth: _____/_____/_____
6. Age:_____ (Years),_____(Months),_____ (Days)
7. Category belongs to (encircle): Gen/ OBC/ SC/ ST

   (attach attested copy of certificate on proforma prescribed by Govt of India.)
8. Permanent Address:

	Pin Code | | | | | | |

9. Address of Correspondence:

	Pin Code | | | | | | |

10. Email Address: (In Block Letters) | | | | | | | | | | | | | | | | | | | | | | | | | | |
11. Phone No + 91 | | | | | | | | | | |
    + 91 | | | | | | | | | | |

12. Qualification from High School and above:

S. No.	Qualification	Name of Board/University	Year of Passing	Percentage of Marks
1				
2				
3				
4				
5				
6				

13. Experience (Post Qualification):

S.No.	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibilities
1						
2						
3						
4						
5						

14. Details of desirable qualification (if not mentioned above)

I hereby declare that above information provided by me is correct to my knowledge and belief.

Date…… Place…… (Signature of the candidate)

Enclosure attached:-

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____