

18. Contact Details:-

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

RECRUITMENT FOR THE POST OF _____

FORMAT FOR APPLICATION

1.	Name of the Post:	
2.	Applicant's Name:	D 4 G' DI 4
3.	Father's Name:	Passport SizePhoto
4.	Mother's Name	
5.	Gender:	
6.	Date of Birth:	
7.	Age (in years and months):	
8.	Nationality:	
9.	Marital Status:	
10.	Spouse Name:	
11.	Category:	
12.	Ex-Servicemen:	
13.	Orthophysically Handicapped:	
14.	Types of Disability:	
15.	Percentage of Disability:	
16.	Communication Address:-	
17.	Email Address:	



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

19. Qualification from High School and above:-

S. No.	Qualification	Subject & Institute / University	Year of Passing	Marks (% or Grade or NA)	Extra Attempt s
1.	10th				
2.	12th				
3.	Graduation				
4.	Post-Graduation				
5.	Specialization				

20. Previous Work Experience Details (Present to Past):-

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



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

4.			
5.			

*Declaration by the Candidate:-	
I, (Name)declare the	at the above information is true, complete and correct
to the best of my knowledge and belief.	I have not suppressed any material, fact or factual
information. I have never been debarred	from appearing at any examination nor have I ever
been arrested, prosecuted or convicted	by criminal court or involved in any other case
registered by the police. I understand that	my candidature is liable to be rejected in the event
of any misstatement/discrepancy in the pa	rticulars being detected and after my appointment in
such an event, my services are liable to	be terminated without any notice to me or reason
thereof. I undertake not to make any claim	or compensation if at any stage of my selection, my
ineligibility for candidature is detected and	d my candidature is cancelled as a result thereof.
I (Nama)	
	agree to abide by the terms & conditions mentioned
in advertisement no.:	
	(Signature of the Candidate)