



अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश
All India Institute of Medical Sciences, Rishikesh – 249203

www.aiimsrishikesh.edu.in

APPLICATION PROFORMA

NOTE: ALL INFORMATION IN APPLICATION FORM MUST BE FILLED IN ONLY CAPITAL LETTERS.

Post applied for:-

Department/Specialty:-

Fee Details:

Bank Name _____

Date _____

1. Name

(In Block Letter)

2.

Father's/Husband
Name

3.

Date of Birth (In
Christian era)

4.

Age on last date

Affix Recent Passport
Size Photograph duly
self-attested

(Please attach self -attested copy of relevant certificate)

5.

Permanent Address

6.

Address for
Correspondence

7.

Mobile No./Tele No.

8. Citizenship

9.

e-mail ID

10. Religion

11.

Category

UR

SC

ST

OBC

OPH

12- Gender-M/F

(Please tick the appropriate category and attach self -attested copy of relevant certificate if seeking Reservation.)

13.

Education Qualification

S/No.

Exam Pass

Name of Institute/Board

Year of passing

Grade/Marks Percentage

1.

10

2.

12

3.

*Attach separate sheet if required along with self-attested copies of relevant documents.

14 Professional Qualification							
S.No	Professional Education	Year of Final exam	Name of Institute	Name of University	Medals & Awards (if any)	Total Percentage obtained /Pass	No. of Attempt
1							
2							
3							
4							
5							
6							

*Attempt certificate to be submitted. Attach self-attested copies of relevant documents.

15 Experience Certificate				
	Experience as	Name of Institute	From to	Remark
1				
2				
3				

* Attach self-attested copies of relevant documents.

Declaration

I S/o, D/o do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice.

I further declare that I fulfill all the conditions of eligibility regarding age limit, education qualification and experience etc. Prescribed for the post.

I am not employed in any other Government Institution/Autonomous body.

OR

I am employed with Government Institution /Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Date.-

Signature of candidate

Enclosure:

Certificates must be attached.		
1.	Proof of application fee deposit (If any).	
2.	One identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card etc.) for address proof	
3.	High School Marks Sheet & Certificate	
4.	Intermediate Marks Sheet & Certificate	
5.	One recent passport size photographs must be pasted in application form	
6.	MBBS/Marks Sheets & Certificate	
7.	PG Marks Sheet & Certificate (If any)	
8.	MD/DNB/DM/M.Ch/Ph.D/Diploma Marks Sheet & Certificate(If any)	
9.	Attempt Certificate (If any)	
10.	Registration with Medical Council of India/ Uttarakhand State Medical Council (for medical Candidate)	
11.	Experience Certificate (copy of completion of Internship for medical candidates)	
12.	No objection certificate from present employer (If any)	
13.	SC/ST/OBC/OPH Certificate issued by the competent authority (If applicable).	
14.	Publication (If any)	
15.	Any other relevant documents	

Signature of Candidate