

ALL INDIA INSTITUTE OF MEDICAL SCIENCES JODHPUR

Basni Phase-II, Jodhpur-342005 (Raj) Website: <u>http://www.aiimsjodhpur.edu.in</u>

Application Form

Advertisement No.	
Name of the Department applied for	Please attached Recent Passport Size Photo
Name of the Post	

Personal Details (in Block Letters)

1. Full Name																
2. Father's Name																
2. Tatliel 5 Name																
3. Address for																
Correspondence																
4. Permanent Address																
	•			•			•	•	•						•	
5. E-Mail Id																
6. Phone /Cell No.																
		D	D	М	М	v v	/ V	Y	8.N	ation	alitv					

7.Date of Birth	D	D	Μ	Μ	Y	Y	Y	Y	8.Nationality	
(Please Attach Document for Evidence)									9.State to which you belong	

10 If Physically Challenged Candidate	Type of Handicap	Percentage Disability
10.If Physically Challenged Candidate		

11 Catagory	UR	OBC	SC	ST
11.Category				

12. Details of Educational Qu	ualifications		
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 th)			
Senior Secondary (12 th)			
MBBS			
MS/MD/DNB			

13.Work Experience	(if a	ny)													
Name of Organization				erio om	d o	of So	erv	ice		m o			Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for Leaving Services
8	D	D	Μ	Μ	Υ	Υ	D	D	Μ	Μ	Υ	Υ				

14. Publication	Index National Journal	Index International Journal

5 If Selected specify the minimum
ected, specify the minimum
d time to join

Bring the original and attested photocopies of related documents and publications at the time of Interview.

Place:

Date: