



ALL INDIA INSTITUTE OF MEDICAL SCIENCES JODHPUR



MANDATE FORM

NAME				
FATHER / HUSBAND NAME				
DATE OF BIRTH	___/___/___	GENDER		

CATEGORY	UR/OBC/SC/ST	RELIGION		PHYSICALLY CHALLENGED	YES/NO
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DATE OF JOINING	___/___/___	DESIGNATION		DEPARTMENT NAME	
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CONTACT DETAILS					
ADDRESS					
DISTRICT		STATE		PIN CODE	
CONTACT NO.		MAIL ID			

BANK DETAILS			
BANK NAME			
A/C No.		IFSC CODE	
PAN No.			
AADHAR No.			
NPS (PRAN) No. (If Have)			

HAVE YOU BEEN PREVIOUSLY EMPLOYED WITH AIIMS JODHPUR						YES / NO
IF YES	DESIGNATION		DATE OF JOINING	___/___/___	DATE OF RELIVING	___/___/___

IS YOUR SPOUSE EMPLOYED WITH AIIMS JODHPUR						YES / NO
IF YES	NAME		DESIGNATION		DATE OF JOINING	___/___/___

SIGNATURE

INSTRUCTIONS :

- Please fill Form in block letters.
- Enclose these documents:-
 - Copy of PAN card.
 - Copy of AADHAR card
 - Copy of Bank Account details.
 - Copy of Office Memorandum.
 - Copy of PRAN card with NPS (PRAN) shifting form (if already have PRAN No), otherwise fill new subscriber registration form.
- NPS new subscriber registration form and NPS (PRAN) shifting form available at AIIMS, Jodhpur site.