



**All India Institute of Medical Sciences (AIIMS) Bhopal**  
**Department of Endocrinology & Metabolism**  
**Saket Nagar, Bhopal, MP, 462020, Madhya Pradesh**  
**India**

Passport-size  
 photograph

<b>Application Form</b>			
<b>Personal Details</b>			
<b>Name (BLOCK LETTERS)</b>			
<b>Date of birth</b> DD/MM/YY		<b>Category</b> Gen/SC/ST/OBC	
<b>Marital Status</b> Married/Unmarried		<b>Gender</b> Male/Female	
<b>Nationality</b>			
<b>Mailing address</b>		<b>Permanent address</b>	
<b>Mobile/Phone No</b>			
<b>E-mail</b>			
<b>Whether any of your close relative(s) is / are employed in AIIMS? If yes, give details:</b>			

<b>Education (starting from matriculation)</b>							
<b>S No</b>	<b>Degree</b>	<b>Discipline</b>	<b>University/ College</b>	<b>Regular/ Part-time</b>	<b>Year of passing</b>	<b>% Marks/CGP A</b>	<b>Division</b>
1							
2							
3							
4							
5							

Qualifying Examinations (beginning from 10 <sup>th</sup> standard)					
Examination	Branch	Year	Valid up to	Percentile	All India rank

Professional Experiences (Research)				
Name of the organization	Designation	Duration		Nature of work and reason for leaving
		From	To	

**In about one paragraph, please describe how your expertise would complement the proposed research project**

### **DECLARATION**

I hereby that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and discipline of the institute and ICMR.

I note that the decision of the Principal Investigator is final in regard to selection for admission, assignment in the study and field of study. The Principal Investigator will have the right to expel me from the Project at any time if work not found satisfactory with one month notice after my admission or immediately if satisfied that false particulars were furnished by me or my antecedents prove that my continuance in the Study is not desirable. I agree that I shall abide by the decision of the Principal Investigator, which will be final.

Place:

Date:

Signature of the applicant