



All India Institute of Medical Sciences (AIIMS) Bhopal

RESEARCH CELL

Saket Nagar, Bhopal, M.P.-462020,

Madhya Pradesh, India

Application Form

Passport-size
photograph

Post Applied -

Personal Details

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

Education (starting from matriculation)

S No	Degree	Discipline	University/ College	Regular/ Part-time	Year of passing	% Marks/ CGPA	Division
1							
2							
3							
4							

5							
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Professional Experiences				
Name of the organization	Designation	Duration		Nature of work and reason for leaving
		From	To	

If required, additional Sheets may be enclosed for Education & Professional Experience.

In about one paragraph, please describe how your expertise would be suitable for facilitating research work in an academic institution of national importance

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.

I note that the decision of the institute is final in regard to selection for admission and assignment to a particular department and field of study. The institute will have the right to expel me from the institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the institute is not desirable. I agree that I shall abide by the decision of the institute, which will be final.

Place:

Date:

Signature of the applicant