



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001
ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ | ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ

RECRUITMENT CELL



APPLICATION FORM

(Paste Passport
Size
Photograph
Here)

1. Name of the Post Applied For:
2. Advertisement No. & Date:
3. Name of the Candidate (IN BLOCK LETTERS):
4. Father's Name (IN BLOCK LETTERS):
5. Date of Birth (DD/MM/YYYY):
6. Age (as on closing date):
7. Gender: ☐ Male ☐ Female ☐ Other
8. Category (UR/OBC/SC/ST/EWS):
9. Permanent Address:
10. Correspondence Address:
11. Email Address:
12. Phone Number:
 Mobile: _____ Landline (if any): _____

13. Educational Qualifications (From High School onwards)

| S. No. | Qualification | Name of Board/University | Year of Passing | % of Marks |
|--------|---------------|--------------------------|-----------------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

14. Post-Qualification Experience

| S. No. | Post Held | Name of Institution | From (DD/MM/YY) | To (DD/MM/YY) | Total Experience | Duties & Responsibilities |
|--------|-----------|---------------------|-----------------|---------------|------------------|---------------------------|
| 1 | | | | | | |
| 2 | | | | | | |

| S. No. | Post Held | Name of Institution | From (DD/MM/YY) | To (DD/MM/YY) | Total Experience | Duties & Responsibilities |
|--------|-----------|---------------------|-----------------|---------------|------------------|---------------------------|
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

15. If selected, how much time would you require to join the post?

16. Have you read and agreed to the salary details mentioned in the advertisement notice?

☐Yes ☐No

17. References (Please provide two references with email IDs and contact numbers):

1. Name: _____ Contact No.: _____

Email ID: _____

2. Name: _____ Contact No.: _____

Email ID: _____

Declaration

I solemnly affirm that the information furnished above is true and correct to the best of my knowledge and belief. I have not concealed any information. I understand that if any information provided is found to be false or incorrect, I shall be liable for action as per rules in force.

Date: _____ Place: _____

Name of the Candidate: _____

Signature of the Candidate: _____

Checklist of Enclosures (Self-attested copies):

1. _____

2. _____

3. _____

4. _____