

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA****JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001****ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਭਿਅਨ ਸੰਸਥਾਨ, ਬਥਿੰਡਾ | ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਭਿਅਨ ਸੰਸਥਾਨ, ਬਥਿੰਡਾ****Department of Obstetrics & Gynaecology Department****APPLICATION FORM**

1. Name of the Post Applied For:

2. Advertisement No. &amp; 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): \_\_\_\_\_

(Paste Passport  
Size  
Photograph  
Here)

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. \_\_\_\_\_