



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक वैधानिक निकाय
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)

Application Form

1. Name : _____
2. Father's/Husband's Name : _____
3. Date of Birth : _____
4. Male/Female : _____
5. Marital Status : _____
6. Nationality : _____
7. Educational Qualifications :



(Secondary/Matriculation onwards. Self-attested copies of certificates and mark sheets should be attached).

Degree/Exam.	Board/University	Date of Commencement	Date of Passing	% Marks	Course Duration (years)

8. **Work Experience** (Post-qualification): (Starting from the most recent)
(Attach self-attested copies of certificates)

Organization	Name of the Post held	Date of Joining	Date of Leaving	Pay Scale	Reasons for Leaving

9. Last Pay drawn: -

10. References:

Details	Reference-1* (Present Employer)	Reference-2* (Previous Employer)
Name		
Designation		
Organization		
Contact Landline		
Mobile No.		
E-mail ID		

* In case not employed, then furnish the names of two referees who are well acquainted with his work.

11. Address:

Details	Permanent	Communication
House Name/No.		
Street/Locality		
Town/City		
District & State		
Residence Phone		
Mobile No.		
E-mail ID		

12. Details of enclosures attached with the application:

1. 2.
3. 4.
5. 6.

13. Declaration:

I do hereby declare that the information furnished above is true to the best of my knowledge and belief and in case the same is found to be incorrect at any stage of the selection, my candidature will be treated as cancelled.

(Signature of the Candidate)

Place:

Name:

Date:
