

## अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL (An Autonomous Institute under Ministry of Health & Family Welfare, Government of India) Saket Nagar, Bhopal (M.P) – 462020 Website: www.aiimsbhopal.edu.in

Application form for engagement of Medical Physicist in the Dept. of ...... on **Contractual Basis for AIIMS, Bhopal** 

Advertisement No. with date				Affix passpor size self-
1- Name in block lette	attested color photograph			
2- Father/Husband's I	Name in block lette	rs:-		
3- (a) Permanent Add	ress:-			
State Pin				
(b) Postal Address:-				
State Pin				
4- Contact Details:- Phone No. with STI	O Code:			
Mobile No.				
E-Mail				
5- Date of Birth as per	the certificate			
Age as on date of l	nterview			
6- Gender Tick the relevant		Male	Female	

AIIMS, Bhopal Page 1 of 3

Mention the Category (attach relevant Supporting document. In case of OBC & EWS , the certificate should be issued by the appropriate authority recently valid for appointment to the post reserved under Govt. of India)  9- Are You  (a) A citizen of India by birth or by domicile?  10-Person with disability (PWD)/ If yes, then mention the %  11-Educational Qualification:  Name of the Examination Discipline/ Speciality   University/ Institute/ Completion of course   Passing final examination   Of Course   Of	7- Candidate's Category (UR/SC/ST/OBC/EWS)								
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Name of the Examination   Subject   Discipline   Speciality   Discipline   Speciality   Discipline   Speciality   College   Date of completion of course   Passing final examination   Duration of Course      12- Experience:   Name of the Organization   Date of Joining   Date of leaving   Date of leaving   Name of the Post   Contract   Regular/Outsource   Passing final examination   Passing			0)/						
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AIIMS, Bhopal Page **2** of **3** 

14. <u>Fee d</u>	<u>etails:-</u>		
D.D. No	Amount (in Rs.)	Dated	
Bank Nam	ne		
15- Attacl	h self-attested photocopies of the following	certificates/documents in the order as menti	oned
a. b.	Certificate in respect of date of birth.  Degree certificates of the Qualification form.	as mentioned in Sl. No. 11 of this applica	ation
с.	Experience Certificate as mentioned in Sl	. No. 12 of this application form.	
	UNDERTA	KING	
I have not o		and correct in all respects to the best of my knowl nformation furnished herein is found to be incorre	_
Place			

\*\*\*\*\*\*\*

Date

Signature of the Candidate

Name of Candidate in block letters)

AIIMS, Bhopal Page **3** of **3**