



## 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](http://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 passport  
size self-  
attested colour  
photograph

1- Name in block letters:-

2- Father/Husband's Name in block letters:-

3- (a) Permanent Address:-

State

Pin

(b) Postal Address:-

State

Pin

4- Contact Details:-

Phone No. with STD Code:

Mobile No.

E-Mail

5- Date of Birth as per the certificate

Age as on date of Interview

6- Gender

Tick the relevant

Male

☐

Female

☐

7- Candidate's Category (UR/SC/ST/OBC/EWS)

8- Category Applied for (UR/SC/ST/OBC/EWS)

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

By Birth

By Domicile

(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	Subject/ Discipline/ Speciality	University/ Institute/ College	Date of completion of course	Month & Year of Passing final examination	Marks obtained	Duration of Course

12- Experience:

Name of the Organization	Date of Joining	Date of leaving	Name of the post	Whether on Adhoc/ Contract/ Regular/Outsource d	Pay Band and present basic pay/Level

13- In your understanding, top 10 priority required areas for the Institute.- [Please add sheets, if required]

#### **14. Fee details:-**

D.D. No. \_\_\_\_\_ Amount (in Rs.) \_\_\_\_\_ Dated \_\_\_\_\_

Bank Name \_\_\_\_\_

15- Attach self-attested photocopies of the following certificates/documents in the order as mentioned below.

- a. Certificate in respect of date of birth.
- b. Degree certificates of the Qualification as mentioned in Sl. No. 11 of this application form.
- c. Experience Certificate as mentioned in Sl. No. 12 of this application form.

#### **UNDERTAKING**

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

Place

Date

Signature of the Candidate

Name of Candidate in block letters)

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