



APPLICATION FOR THE POST OF:

Photograph

Address for correspondence:

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अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर
All India Institute of Medical Sciences, Gorakhpur
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय भारत सरकार द्वारा स्थापित एक स्वायत्त निकाय)
(An autonomous organization under the Ministry of Health & Family Welfare, Govt. of India)

Certification Details (if any):

Certificate Type (Computer/ Laboratory)	Year	Name of the Course

Research Details (if any):

Type (Paper/Poster/Publication)	Year	Title / Name of the Work

Experience (if any) — Chronological Descending Order

Institution Name	Post Held	Duration	Attached Document (Yes/No)
Presently working at....			

If selected, What period would you require to join.....

Any other:

Signature of candidate

Date:



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DECLARATION BY THE CANDIDATE

Post applied for _____ at Multi-Disciplinary Research Unit,
All India Institute of Medical Sciences, Gorakhpur. UP

I hereby declare all the statements made in the application are correct and complete, to the best of my knowledge and belief and nothing has been concealed. In the event of any information found false or incorrect at any time, action may be taken against me for disqualification of my candidature for the post applied for and I shall abide by the decision of the Institute.

Date & Place:

Name & signature of Candidate:

ANNEXURE

<u>S.No.</u>	<u>Particulars of enclosures</u>	<u>Marked page</u>
1.	Date of birth certificate / Matriculation Certificate	
2.	Graduation certificate	
3.	Post Graduation certificate	
4.	Ph.D. Certificate	
5.	Experience certificate(s)	
6.	Any other relevant certificate(s)	