(OBC) 103

AllIndiaInstituteofMedicalSciences(AIIMS)Bhopal

DepartmentofEndocrinology & Metabolism
SaketNagar,Bhopal,MP, 462020,MadhyaPradesh
India

Passport-sizephotograph

PersonalDetails ~~ApplicationForm~~

Name (BLOCK LETTERS)			
Dateofbirth DD/MM/YY		**Category** Gen/SC/ST/OBC	
MaritalStatusMarried/Unmarried		**Gender** Male/Female	
Nationality			
Mailingaddress		**Permanentaddress**	
Mobile/PhoneNo			
E-mail			
Whetheranyofyourcloserelative(s)is/areemployedinAIIMS?Ifyes,givedetails:			

Education (startingfrom matriculation)

S No	Degree	Discipline	University/ College	Regular/ Part-time	Year of passing	% Marks/CGPA	Division
1							
2							
3							
4							
5							

QualifyingExaminations (beginning from 10th standard)					
Examination	**Branch**	**Year**	**Validupto**	**Percentile**	**AllIndiarank**

ProfessionalExperiences(Research)				
Nameoftheorganization	**Designation**	**Duration**		**Natureofwork and reason for leaving**
		From	**To**	

Inabouto.neparagraph,pleasedescribehowyourexpertisewouldcomplementtheproposedresearchproject

DECLARATION

Iherebythattheentriesmadeinthisapplicationformarecorrecttothebestofmyknowledgeandbelief.Ifselectedfora dmission, Ipromise toabide bytherulesanddiscipline ofthe institute and ICMR.

InotethatthedecisionofthePrincipal Investigator isfinalinregardtoselectionforadmission, assignmentin the study andfieldofstudy.ThePrincipal Investigatorwillhavetherighttoexpelmefromthe Projectatanytimeif work not found satisfactory with one month notice aftermyadmission or immediatelyif satisfied that falseparticularswere furnishedbymeormyantecedentsprovethatmycontinuanceintheStudyisnotdesirable.IagreethatI shallabidebythe decisionofthePrincipal Investigator,whichwillbefinal.

Place:

Date:

Signature oftheapplicant