

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

Basni Phase-II, Jodhpur-342005 (Rajasthan) Website: <u>https://www.aiimsjodhpur.edu.in</u>

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Name of the Department applied f										Please attached Recent Passpor Size Photo			ort						
Name of the Post	S	Sen	ior	Re	sic	len	it (1	Noi	n-Ac	cademic)									
Personal Details (IN CAPITAL LETTERS)																			
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2. Father's Name					100			A											
3. Address for correspondence with PIN code number		2000				A DUNA					100			WCE C	2				
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5. E-Mail Id (In Block Letter Only)																			
6. Phone / Cell No.		+	9	1				_											
7. Alternate Number		+	9	1															
8. Date of Birth (Please Attach Document for Evidence)	D M M Y Y Y Y							Y9. Nationality10. State to which you belong											
11. For PwBD Candidate —		Type of Disability Perc								Perc	rcentage Disability:								
12. Category (Please Tick only)	1	UR			EW	Ś		OBC (NC) SC			SC		ST						

13. Details of Educational Qualifications								
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts					
Secondary (10 th)								
Senior Secondary (12 th)								
MBBS/BDS/M.Sc.								
MD/MDS/MS/Ph.D.								
DM/DNB/M.Ch								
Any Other								

14.Work Experience (if any)															
Name of Organization	Period of Service From From To						5	H	तु	fe	Designation	Nature of Duties performed	Reason for Leaving Services		
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15. Publications		Indexed National Journals	Indexed International Journals
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16. If Selected, spec	ify the minimum		

Bring the original and attested photocopies of related documents and publications at the time of Interview.

Place: Jodhpur (Rajasthan)

required time to join

Date: _____