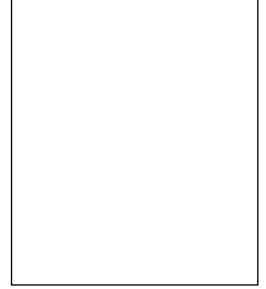




ANNEXURE IV: APPLICATION FORMAT



Name of the Position applying:

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Serial number of the position as per advertisement:

PERSONAL DETAILS	
Name of the candidate (in block letter):	
Name of Father/Mother/Husband/Guardian:	
Whether candidate is state/central government employee	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes furnish Non objection certificate
Postal Address (current):	
Postal address (permanent):	
Pin Number:	
City and State :	
Contact number :	
Email Id :	



Date of Birth (DD/MM/YY)	
Gender : (Male/Female/other)	
Caste: (Gen/ST/SC/OBC/EWS)	

I. EDUCATIONAL QUALIFICATION (Start from highest degree)

Name of degree/diploma	Subject/Discipline	University /Institute/ College	Year of Passing final examination	Marks Obtained (Percentage)	For office use only Verified (Y/N)

II. Any specific training/ awards/ publication/achievement in the required field:

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III . Work Experience

Details of employments (in chronological order) enclose separate sheet, duly authenticated by your signature if the space below is insufficient.						
SN	Name of the Office/Institute/ Organization)	Post Held	Duration of Experience		Total Duration of Experience Year(s),Month(s),day(s)	Nature of Duties
			From	To		
1.						
2.						
3.						



4.						
5.						
Total work experience Year(s) Month(s) Day(s)					

- If any other relevant work experience: (plz add extra sheets) mention details of extra sheets added , if any :
- If selected, what period would you require for joining the post:

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 here in if found to be incorrect or false, then I shall be liable for action as per rules in force.

Name of Candidate:

Signature of Candidate:



बाल एवं शिशु रोग विभाग
Department of Pediatrics
अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर, छत्तीसगढ़
All India Institute of Medical Sciences, Raipur (CG)

Date Place