



अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर  
हिमाचल प्रदेश -१७४००१  
All India Institute of Medical Sciences, Bilaspur  
Himachal Pradesh-174001  
<https://aiimsbilaspur.edu.in>  
e-mail establishment.aiimsbilaspur@gmail.com



01978-292575

(Principal Investigator)

## Annexure 1

### FORMAT FOR APPLICATION

1. Name of the Post: \_\_\_\_\_
2. Advertisement File No. & Date: \_\_\_\_\_
3. Name of the Candidate: \_\_\_\_\_
4. Father's Name: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Age: \_\_\_\_\_
7. Permanent Address:  
\_\_\_\_\_  
\_\_\_\_\_
8. Address for Correspondence:  
\_\_\_\_\_  
\_\_\_\_\_
9. Email Address: \_\_\_\_\_
10. Phone No./Mobile: \_\_\_\_\_  
Alternate No. \_\_\_\_\_

**Paste your  
Passport Size  
Photo Here**



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11. Qualification from High School and above:

S. No.	Qualification	Name of Board/University	Year of Passing	Percentage of Marks
1				
2				
3				
4				
5				
6				

12. Experience (Post Qualification):

S. No.	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibilities
1						
2						
3						
4						
5						

I hereby declare that above information provided by me is correct to my knowledge and belief.

(Signature of the Candidate)