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All India Institute of Medical Sciences Rishikesh
अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

www.aiimsrishikesh.edu.in

Application Format

Name of the Project: **"ICMR's Network of Pulmonary Fibrosis"**

Post applied for ...…………………………………………….

1. Name (In Block Letters)...………………………………………………………………………………………

2. Father's/Spouse's Name ...……………………………………………………………………………….

3. Date of Birth: ...………………………………………………………………..

4. Gender ...…………………………………………………………..

5. Category ...……………………………………………..
    (Enclose copy of caste certificate issued by the competent authority)

6. Address ...……..

    ...………

7. Mobile Number...……………………………………………………….

8. E-mail ...………………………………………………………………….

9. Educational Qualifications(matriculation onwards)

Sl. No.	Examination passed	Board /University	Year of passing	Subject Studied	% of Marks

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10. Experience (in chronological order starting from the present employer)

Sl. No.	Name of the Employer	Nature of Duties	Date of Joining	Date of Leaving

11. List of publications (if any)

12. List of papers presented at conferences (if any)

13. List of monographs/project report completed (if any)

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Place: Signature of the Candidate

Date: