

All India Institute of Medical Sciences (AIIMS) Bhopal

Department of Biochemistry Saket Nagar, Bhopal, MP, 462020, Madhya Pradesh India

Advertisement No: AIIMS Bhopal/ TMC/ 2023/1101 Dated: 31/10/2023

Recruitment of Technician/Medical-Social Worker in research project funded by Madhya Pradesh-Pollution Control Board (MPPCB)

Application Form

Name	of the post applied fo	<u>or:</u>				photograp	oh
1. Fu	ll Name (in CAPITAL I	LETTERS):			•••••		
2. Fa	Father's/Mother's/Husband's Name						
3. D a	. Date of birth: Age as on last date of application:						
4. Ge							
5. N a							
o. Tu	,						
	9. Permanent address (with Pincode), if not same as						
9. Pe	`	,,					
						•••••	•••••
	obile No.:						
11. Em	ail address:	••••••	••••••	••••••	••••••	••••••	•••••
12. Edu	ıcational/Professional q	ualifications	(10 th Class o	nwards)			
		Education (s	tarting from	matriculati	ion)		
S.No.	Degree	Discipline	University/	Regular/	Year	%	Division
			College	Part-	of	Marks/CGP	
				time	passing	A	
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Paste a recent passport size

Qualify Exami		ations (CSI Branch	R/UGC/NE	Г/GATE/GP <i>A</i> Year	AT/Others) Valid u	ıp to F	Percentile	All India
Qualify	ying Examina	ations (CSI	R/UGC/NE	T/GATE/GPA	AT/Others)			
Qualifying Examinations (CSIR/UGC/NET/GATE/GPAT/Others)								
5.								
4.								
3.								
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13. Details of Professional Experience (Teaching/Research/Industrial)

S.	Name	Name of	Pay	Period		Total	Nature
No.	of Post	Employer/Organization	Scale/Salary	From	To	Experience	of Work
	Held	and nature of	Drawn				
		employment					
		(Temporary or					
		Permanent)					

14. Details of registration with	statutory council, If applicable:		
Name of the Council:			
Registration No.:	Date of Registration:	Valid till:	••••
15. Research publications/ Awa	ards, patents, prizes		

16. Please describe how your expertise would complement the	ne proposed research project
17. Contact Details of two referees (Phone number and emai	il id)
DECLARATION	
I hereby declare that the information furnished above is true, c knowledge and belief. I understand that in the event of my info at any stage or any attempt has been made by me to willfully candidature/appointment shall be liable to be cancellation compensation in lieu thereof.	rmation being found false or incorrect conceal or misrepresent the facts, my
Place:	
Date:	Signature of the applicant

List of enclosures (whichever is applicable):

- 1. Date of Birth Certificate (School Leaving Certificate)
- 2. Caste/ Category Certificate
- 3. Class 12th/ High School Certificate
- 4. Class 12th Mark-sheet
- 5. Graduation Certificate
- 6. Graduation Mark-sheets
- 7. Post-Graduation Certificate
- 8. Post-Graduation Mark-sheets
- 9. Registration Certificate with statutory council
- 10. Copies of first page of publications
- 11. Certificate of relevant work experience from previous employers
- 12. Any other document (Please specify):