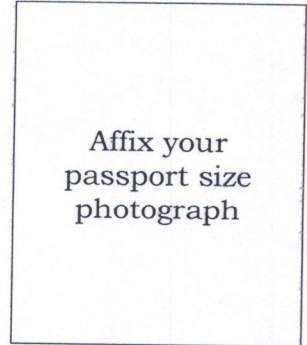


Annexure-III

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR HIMACHAL PRADESH

Application for the post of Consultant.....

1. Name of the Applicant.....
2. Father's Name.....
3. Date of Birth.....
4. Date of superannuation.....
5. PAN.....
6. AADHAR No.....
7. PPO No.....
8. Mobile No.....
9. E-mail ID.....
10. Nationality.....
11. Address.....
.....
..... PIN.....



12. Academic/Professional Qualifications:-

Sr No.	Name of examination	Passing Year	Name of Board/ University	% age of marks
1				
2				
3				
4				
5				

13. Details of Past Service

Sr No.	Post Held	Period	Organis ation	Pay Level	Nature of duties
1					
2					
3					
4					
5					

14. Additional relevant information in support of your suitability for the applied engagement. Attach separate sheet, if necessary

.....
.....
.....
.....

(Declaraton)

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false OR incorrect/incomplete OR ineligibility being detected at any time before or after selection/interview, my candidature is liable to be rejected and I shall be bound by the decision taken by AIIMS-Bilaspur. I have read this circular and ready to accept the terms and conditions for engagement as Consultant as mentioned in **Annexure-I & II.**

(Name & Siganture of the Applicant)