

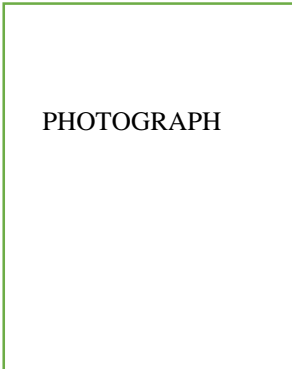
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI**

**Application Form**

**Study Title:**

Post Applied for:

1. Full name in block letters:
2. Name of Father/ Guardian:
3. Date of Birth:
4. Age:
5. Gender:
6. Permanent Address:
7. Present Address:
8. Contact Number:
9. Email id:
10. Aadhar No:



**11. Details of Qualification:**

Sl. No	Degree	% Of Marks	Year of passing	Board/ University	Division

**12. Details of Experience:**

Sl. No	Designation	Name of Institute	From (date) – To (date)	Duration

**ANNEXURE**

<b><u>S.No.</u></b>	<b><u>Particulars of enclosures</u></b>	<b><u>Marked page</u></b>
1.	Date of birth certificate	
2.	Matriculation Certificate	
3.	Graduation certificate	
4.	Relevant Highest Degree certificate	
6.	Experience certificate(s)	
7.	Caste / Community certificate	
8.	Any other Relevant Certificate	

## DECLARATION BY THE CANDIDATE

Post applied for \_\_\_\_\_ at, All India Institute of Medical Sciences (AIIMS) Kalyani.

I hereby declare all the statements made in the application are correct and complete, to the best of my knowledge and belief and nothing has been concealed. In the event of any information found false or incorrect at any time, action may be taken against me for disqualification of my candidature for the post applied for and I shall abide by the decision of the Institute.

**Date:**

**Place:**

**Signature of Candidate**