



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road, Raipur-492 099 (CG)
www.aiimsraipur.edu.in

**APPLICATION FORM FOR THE POST OFFOR A
PERIOD OF 1 YEAR (12 Months) ON CONTRACT BASIS UNDER STATE LEVEL VIRAL
RESEARCH DIAGNOSTIC LABORATORY (VRDL), AIIMS, RAIPUR, CHHATTISGARH**

Name of the post applied for :- _____

Affix
Passport Size
self- attested
colour
photograph
here.

1. Name of the Project :- STATE LEVEL VRDL, AIIMS, RAIPUR, CHHATTISGARH.
2. Name in block letters :-

3. Father / Husband's Name in block letters:-

4. Postal Address:

State :-

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Pin :-

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Contact Number:-

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5. E-mail ID :-

6. Permanent Address :

State :-

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Pin :-

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Contact Number:-

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7. Date of Birth with documentary evidence:

Date	Month	Year

8. Category: UR/OBC/SC/ST

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9. Gender :-

Male

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Female

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10. Educational Qualification:-

Name of the Examination	Subject/ Discipline/ Speciality	University / Institute/ College	Year of Passing final examination	Marks obtained	Percentage

11. Work Experience if any:-

Attach annexure

12. Publications if any(only PUBMED indexed journals):

Attach annexure

13. If selected what period would you require for joining the post:

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein if found to be incorrect or false, then I shall be liable for action as per rules in force.

Name of Candidate:

Signature of Candidate:

Date

Place:-