## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

Project Title: Addiction Treatment Facility (ATF) AIIMS Bhopal (A Services Project)

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Post applied for: Medical Officer/ Counsellor/Nurse/Data Manager (encircle the post applied)

### A. PERSONAL DETAILS

- 1. NAME:
- 2. FATHER'S NAME:
- 3. DATE OF BIRTH (DD/MM/YYYY):

AGE (as on the last date of application)

- 4. NATIONALITY:
- 5. GENDER:
- 6. MARITAL STATUS:
- 7. REGISTRATION NO.):
- 8. CATEGORY: Gen/ OBC/ SC/ ST/ EWS/ PH

### B. CONTACT DETAILS

- 1. CORRESPONDENCE ADDRESS:
- 2. CITY/ DISTRICT:
- 3. STATE:
- 4. COUNTRY:
- 5. PINCODE:
- 6. PHONE NUMBER (including Mobile no.):
- 7. EMAIL ID\*:
- \* this email ID shall be used for all correspondence

Passport size photograph with signatures across

# C. EDUCATIONAL QUALIFICATION (SSC onwards)

Course Name	Speciality (If Applicable)	College/Institute/University	Year	Subject	Marks Obtaine d	Total Mark s	%
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# D. PROFESSIONAL EXPERIENCE

S.No.	Designation (Nature of appointment- regular/contractual)	College/Institute	From	То	Total Exp.	Salary
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#### E. PUBLICATIONS

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### G. Declaration

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect detected at any stage, I hereby convey my consent for cancellation of my candidature.

Signature of Candidate

Place:

Date:

Hard copy of the form should be sent to Office of the Department of Psychiatry, 3rd Floor, Academic block, AHMS, Bhopal and Scanned copy of the filled form with necessary documents in a single PDF file to be mailed at head.psy@aiimsbhopal.edu.in