



**APPLICATION FORM FOR ENGAGEMENT AS MEDICAL PHYSICIST (Group A)**

**(ON CONTRACT BASIS)**

Affix you recent  
coloured passport size  
photograph

1. Advt. No. AIIMS/Bhopal /2017/02 dated 8<sup>th</sup> May 2017

2. Post applied for **Medical Physicist ( on contract basis)**

3. Name (in Block Letters) .....

4. Father's/Husband's Name .....

5. Mother's Name .....

6. Address (Permanent) .....

.....(Address proof to be enclosed)

7. Address for correspondence .....

.....

Contact No. .... E-mail.....

8. Date of Birth:

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(dd/mm/yy)

9. Category: (GEN/SC/ST/OBC/Others).....

10. Age as on date of Interview:

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(dd/mm/yy)

**11. Educational Qualification:**

<b>Degree/Exam.</b>	<b>Name of Board/ University</b>	<b>Year of Passing</b>	<b>Subject</b>	<b>Percentage /Division</b>

**12. Experience:**

<b>Sr. No</b>	<b>Name of Department/ Section</b>	<b>Name of the post held</b>	<b>Date of Joining</b>	<b>Date of Leaving</b>

**13. Fee Details: D.D. No. \_\_\_\_\_ Amount (in Rs.) \_\_\_\_\_**

**Dated \_\_\_\_\_ Bank Name \_\_\_\_\_**

**DECLARATION**

I hereby declare, that all 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 my candidature is liable to be cancelled/ terminated. I will have no claim for absorption after termination/ completion of tenure contract. I shall abide by terms & condition as prescribed. In the event of ineligibility being detected before or after the selection procedure, action can be taken against me under the relevant rules/instruction and hereby undertake to abide by them.

Date:

(Signature of Candidate)

Place:

Name:.....