



## All India Institute of Medical Sciences (AIIMS) Bhopal

Department of Biochemistry  
Saket Nagar, Bhopal, MP, 462020, Madhya Pradesh  
India

Passport-size  
photograph

### Application Form

Personal Details			
<b>Name (BLOCK LETTERS)</b>			
<b>Date of birth</b> DD/MM/YY		<b>Category</b> Gen/SC/ST/OBC	
<b>Marital Status</b> Married/Unmarried		<b>Gender</b> Male/Female	
<b>Nationality</b>			
<b>Mailing address</b>		<b>Permanent address</b>	
<b>Mobile/Phone no</b>			
<b>E-mail</b>			
<b>Whether any of your close relative(s) is / are employed in AIIMS? If yes, give details :</b>			

Education (starting from matriculation)							
S No	Degree	Discipline	University/ College	Regular/ Part-time	Year of passing	% Marks/CGP A	Division
1							
2							
3							
4							
5							

Qualifying Examinations (CSIR/UGC/NET/GATE/GPAT/Others)					
Examination	Branch	Year	Valid up to	Percentile	All India rank

Professional Experiences (Teaching/Research/Industrial)				
Name of the organization	Designation	Duration		Nature of work and reason for leaving
		From	To	

**Publications:**

Title	Name of Journal	Indexed or non-Indexed	Year

**Awards, patents, prizes**

**In about one paragraph, please describe how your expertise would complement the proposed research project**

**Contact Details of two referees (Phone number and email id)**

**DECLARATION**

I hereby that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and discipline of the institute.

I note that the decision of the institute is final in regard to selection for admission and assignment to a particular department and field of study. The institute will have the right to expel me from the institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the institute is not desirable. I agree that I shall abide by the decision of the institute, which will be final.

Place:

Date:

Signature of the applicant

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