



# All India Institute of Medical Sciences, Bhopal

## APPLICATION FORM FOR THE Post – Doctoral Certificate Course (PDCC)

Ref. Advt. No.: Academic/AIIMS Bhopal/2020/04 dated 20.04.2020

Affix your recent  
coloured passport  
Photograph with  
signature

1. Course applied for .....
2. Department: .....
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. ....Mobile No.....  
E-mail (IN BLOCK LETTER).....

8. Date of Birth: 

--	--	--	--	--	--

 (dd/mm/yy)

9. Category: (EWS/GEN/SC/ST/OBC/PwD-OPH).....

10. Age as on last date of Application:

--	--	--	--	--	--

 (dd/mm/yy)

11. Gender : M/F

**Clarifications & Enquiries: Phone No. 0755- 2672355 Email [registrar@aiimsbhopal.edu.in](mailto:registrar@aiimsbhopal.edu.in)**

12. Educational/ Professional Qualification:

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

13. Research Publications/ Presentation

Title of Publication	Author/Co Author	Name of Publication	National /International	Date of Publication/ Presentation

14. Project with Grant

Title of Project	Name of Principle Investigator	Project sanctioned by/ Funding agency	National /International	Date of Sanction and amount

15. Work Experience:

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

16. Whether MBBS/M.D/MS degree is recognized by Medical/State Council of India: Yes/No

17. Whether registered with State Medical Register or Indian Medical Council : Yes/No  
(Attached the copy of registration)

A) Registration No. ....

B) State in which registered. ....

17. 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:.....

Enclosure Checklist:

Sl.No	Copy of the Certificate	Please Tick
1	Class X & XII Mark sheet/certificate for Date of Birth	
2	MBBS Mark Sheet & Certificate	
3	Internship Completion Certificate	
4	MD/MS/DNB/ Mark sheet & Certificate	
5	DM Certificate	
6	State / MCI registration	
7	SC/ST/OBC/PH certificate issued by the competent Authority ( If applicable)	
	NOC (if any)	
8	Attempt Certificates	
9	Copies of any other relevant documents	

