



All India Institute of Medical Sciences (AIIMS) Bhopal
Department of Radiotherapy
Saket Nagar, Bhopal, MP, 462020, Madhya Pradesh India

Application Form for Research Associate I

Passport-size
photograph

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

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							
6							

Professional Experiences				
Name of the organization	Designation	Duration		Nature of work and reason for leaving
		From	To	

Publication (if any):

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 declare 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