

IV. PROFESSIONAL EXPERIENCE

S.NO	DESIGNATION	INSTITUTE / UNIVERSITY	FROM	TO	TOTAL EXPERIENCE	SALARY

V. AWARDS, PRIZES , IF ANY

- 1.
- 2.
- 3.

VI. 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 or ineligible and deleted before or after exam / interview, I hereby convey my consent for cancellation of my candidature.

Signature of Candidate

Place:

Date:

Scanned copy of the filled form with necessary documents in a single PDF file to be mailed at gatiproject.aiimsbhupal@gmail.com and head.optho@aiimsbhupal.edu.in latest by 25th September 2021.