

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, VIJAYPUR, JAMMU-184120

(A Central Autonomous Body under PMSSY, MoH&FW, Government of India)

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APPLICATION FORM

N	oto:

- Take a printout of application form. Use separate application form for each post and pay application fee separately.
- Scan filled up application form & all requisite documents and email it to RECRUITMENTCELL@AIIMSJAMMU.EDU.IN
- Retain **original copy of application form & documents** and submit it on the **date of written test and/or Interview** failing which the candidate will not be allowed to appear in the written test and/or Interview.

	Particulars			Details (to be filled up by the Candidate)					
4				betails (to be filled t	ap by the	Candidate)		
1	Name of Cano								
2	Father's Nam	е							
3	Date of Birth	(DD/MM/YYYY)				Affix recent passport size photograph			
4	Email (in BLOCK Letters)					Size pri	olograph		
5	Mobile No								
6	Permanent / C Address	Correspondence							
7	ID Proof: Name (attach copy of Go								
8	Category: atta (UR/EWS/OBC/S	ach copy of certificate SC/ST/PwBD)							
9	Post applied (Mention the name								
10	Category of t for (UR/EWS/O	he Post Applied BC/SC/ST)							
11	Nationality	,							
12			APPLICA	TION FEE DETAILS					
а	Application Fee Rs. 1000/- (exempted for SC/ST/PwBD candidates))				
b	Mode of Payment (NEFT/UPI/QR Code)								
С									
d	Date of Fee Pa	ayment							
13	13 ESSENTIAL QUALIFICATION:								
	Examination(s) Subject / Specia		alization	College / University	Year of	Marks Obtained / Max Marks	Percentage / CGPA		
10 th									
12 th									
B.Sc	/ Diploma								
Any other Please specify									

(Note: please attach copies of all essential qualifications only)

14	RELEVANT EXPERIENCE: as applicable					
	Name & Address of Employer	Designation	Period		Nature of appointment	Pay Scale
			From	То	(regular/contrac tual / adhoc)	
а						
b						
С						
Total Experience:						

(Use separate sheets, if required)

I hereby declare and solemnly affirm that I have read and understood all the terms, conditions and provisions contained in the advertisement for the Technician posts issued by AIIMS Jammu and having accepted in toto the same, I have filled up this application form. I further undertake that the information furnished by me here is correct and nothing has been concealed or misrepresented thereof. In case any information furnished by me is found to be false/ incorrect/untrue, I shall be solely responsible for the same and will be liable for civil proceeding/criminal prosecution and my claim to admission /appointment /registration /service in the institute stands cancelled/ terminated in that case.

Place: (Signature of the Applicant)

Date:

16 (For Office Use only)

Roll No allotted:

Eligibility Remarks:

(Authorised Signatory)

AllMS Bank Account Details		<u>UPI ID</u>	QR Code		
Account Name: All India Institute of Medical Sciences Account No.: 41945059148 IFSC Code: SBIN0017695 Bank Name: State Bank of India HNI Branch, Rail F Complex Bahu Pla Jammu	Vijaypur a Head	8899950166@sbi	Merchant Name : ALL INDIA INSTITUTE OF ME UPI D : 8899950166@sbi D FET MON INDIA RECT MON INDI		