

APPLICATION FORMAT

PHOTO

Advertisement No.....

Application for the post and dept. of ,at Rajendra Institute of Medical Sciences, Ranchi-09.

1. **APPLICANT'S NAME** (In block letters) :-----
2. **FATHER'S/HUSBAND'S NAME** (In block letters):-----
3. **DATE OF BIRTH** :-----
4. **SEX** ----- 5. **NATIONALITY** -----
6. **RELIGION** : ----- 7. **CATEGORY** (Write whether Category out of Gen/ST/SC/BC-I/BC-II)-----

8. **ADDRESS** (Including Pin Code No., Mobile No. & Email)

i. **CORRESPONDENCE:** -----

ii. **PERMANENT** :-----

9. **EDUCATIONAL QUALIFICATIONS** (Starting from matriculation) :

| S.No. | Examination (s) passed | Name of College/ Institute | Board/University | Yr. of Passing with marks(%) | No. of attempts |
|-------|------------------------|----------------------------|------------------|------------------------------|-----------------|
| | | | | | |

10. **NO. OF PAPERS PUBLISHED:** NATIONAL ----- INTERNATIONAL -----

11. **Regn. No.:** DCI (Attached proof):: -----

12. **DETAILS OF APPLICATION FEE:** Bank Name & Branch ----- D.D. No. with Date----- Amount -----

13. **LIST OF SELF ATTESTED COPIES OF TESTIMONIALS WITH PAGE NO OF ENCLOSURES:** -----

14. **DECLARATION:**

I,.....S/o, W/o.....do 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, I hereby convey my consent for cancellation of my candidature.

Place:

Date:

Signature of the Candidate

Sd/-
Director,
Rajendra Institute of Medical Sciences,
Ranchi.