

अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Application for the post of Medical Physicist

Application fee(amount) :..... D.D. No.....

Date :..... Bank:.....

**Paste Recent
Passport
Size Photograph**

1. Name of the applicant **(In Block Letters)** : _____
2. Sex (Male/Female) : _____
3. Father's/Husband's Name : _____
4. Date of Birth and age (as on 31.07.2017) : _____
5. Category (SC/ST/OBC/General) : _____
6. Whether Physical Handicapped : Yes No
(Put ✓ in appropriate box)
7. Nationality : _____
8. Correspondence Address **(In block letters)**

9. Permanent Address **(In block Letters)**
: _____

10. Particulars of exam. Passed (Intermediate onwards)(**Attach self-attested copies of certificates**)

Name of Degree/Diploma	Institute/College & University	Month & Year of Passing	% of Marks	No. of Attempts

11. Particulars of Experience - (**Attach self-attested copies of certificates**)

Post held	Institute/Hospital	Joining date	Ending date	Experience in months

12. Whether at present employed, if so, detail of employment

And if yes, attach copy of NOC from present employer : _____
(NOC must be submitted at the time of interview)

13. E-mail address (mandatory) : _____

14. Mobile No. (mandatory) : _____

UNDERTAKING:

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my employment, I understand my selection will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Date:

(Signature of the candidate)

Place:

Name:.....