Regional Centre of Excellence for Nutrition Rehabilitation Resource and Training (RCoENRRT) Department. of Pediatrics AIIMS Bhopal-462020

Application Format

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Name	of the Position app		Recent passport size photo					
Adver	tisement No. AIIN							
1.	Personal Details							
1.1	Name of the cand	lidate (in block letter)						
1.2	Father Mother Hi	usband Guardian						
1.3	Current Postal Ac (House No./Area	ldress /City/Pin code/sate)						
1.4	Permanent Postal (House No./Area	address /City/Pin code/state)						
1.5	Contact number							
1.6	Email Id							
1.7	Date of Birth (DI	D/MM/YYYY)						
1.8	Gender (Male/Fe	male/Other)						
1.9	Category (Gen/O	BC/SC/ST/EWS)						
2. Educational qualification (Start from the highest degree)								
2.1 Name of Degree/diploma 2.2 Subjection		2.2 Subject/Discipline	2.3 University/Institue	2.4 Year of Passing	of 2.5 Marks obtained (Percentage)			

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Any specific train	ing/ awards/ publicat	tion/achieven	nent in the requi	red field:					
3. Work Ex	perience								
	ment (in chronologic		enclosed on a se	eparate sheet, duly a	uthenticated by your				
ignature if the space below is insufficient. 3.1 Name of the 3.2 Post Held 3.3 University/Institue 3.4 Total 3.5 Nature of Duties									
3.1 Name of the Office/Institute/	3.2 Post Held	3.3 Unive	ersity/institue	3.4 Total Duration of Experience (YY/MM/DD)	3.5 Nature of Duties				
Organization)		from	to						
Total Work experience	Years		Months		Days				
Experience Years									
If selected, what	period would you r	equire for jo	ining the post:						
knowledge. I have		nformation. I	undertake that a	any information furn	to the best of my ished here if found to be				
incorrect or false,	then I shall be liable	for action as	per rules in force	ce.					
Name of Candidat	te:								
Date:									
Place:					Signature of Candidate				

Office use only: