

# Rajendra Institute of Medical Sciences, Ranchi-834009.

## Application Form

Advertisement No.....

Application for the post of..... Department.....

1. APPLICANT'S NAME (In block letters) : .....

2. FATHER'S/HUSBAND'S NAME (In block letters):.....

3. DATE OF BIRTH : .....

4. AGE AS ON (date of Interview) :..... 5. SEX ..... 6. NATIONALITY .....

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

i. CORRESPONDENCE: .....

ii. PERMANENT : .....

8. EDUCATIONAL QUALIFICATIONS (Starting from matriculation) :

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

9. NO. OF PAPERS PUBLISHED: National..... International.....

10.No. of Oral /Posterpapers presented in conference.NATIONAL ----- INTERNATIONAL -----

11. Regn.No.: CENTRAL / STATE MEDICAL COUNCIL (Attached proof):-.....

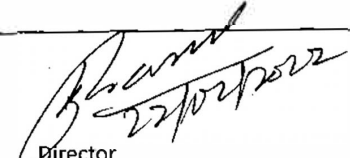
12. DECLARATION:

I,.....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

  
Director,  
Rajendra Institute of Medical Sciences,  
Ranchi.

  
21/2/22