



All India Institute of Medical Sciences Bhopal
Maulana Azad National Institute of Technology Bhopal



APPLICATION FORM FOR JOINT CERTIFICATE COURSES

Please read Prospectus carefully before filling the Application Form

Affix your
recent passport
size colored
photograph

Advt. No.: Academic/AIIMS Bhopal/JC/ 2024/11

Dated ../12/2024

1. Code of Area of Department (in the order of preference)

- i)
- ii)
- iii)
- iv)

2. Name (in Block Letters):

3. Father's/Husband's Name:

4. Mother's Name:

5. Address (Permanent)

.....

6. Address for correspondence:

.....

Contact No.Mobile No.....

E-mail.....

(Please fill in Block letters)

7. **Date of Birth:**

(dd/mm/yyyy)

8. **Category: (GEN/SC/ST/OBC/EWS/PwD-OPH).....**

(Copy must be enclosed, if applicable).

9. **Gender: M/F/ Others**

10. **Educational/ Professional Qualification: (10th Onwards)**

Degree/Exam.	Name of Board/ University	Year of Passing	Subject	Percentage/ Division

11. **Research Publications (Attach copies of publication)**

Title of Publication	Author (As 1 st Correspondence /Co-author)	Name of Journal	Indexing Details	Date of Publication

12. **Project with Grant (If any)**

Title of Project	Name of Principle Investigator	Project sanctioned by/ Funding agency	National /International	Date of Sanction and amount

13. Fellowship Details (If any):**14. Work Experience:**

S. No.	Name of Organization	Name of the post held	Date of Joining	Date of Leaving	Total Duration	Salary details

15. Whether MBBS/BDS/MD/MS/MDS/DNB/M.Sc/ Nursing degree is recognized by Medical/Dental Council of India/NMC/Indian Nursing Council?: Yes/No

16. Whether registered with State Medical/Dental/Nursing Register or Indian Medical Council/NMC: Yes/No (Attached the copy of registration)

A) Registration No.

B) State in which registered.

17. Statement of Purpose (in 250 words):

DECLARATION

I hereby declare, that all 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, my candidature is liable to be cancelled/ terminated. I have read the details of fellowship and period of fellowship. I will not ask for the fellowship beyond the date specified in the advertisement. I shall abide by the terms & condition as prescribed and amendment from time to time. In the event of ineligibility, being detected before or after the selection procedure, action can be taken against me under the relevant rules/instruction and I hereby undertake to abide by them.

Date:

(Signature of Candidate)

Place:

Name: _____

*****Checklist*****

S.No.	Particulars	Please Tick
1.	Class X certificate for Date of Birth	
2.	UG Mark Sheet & Certificate/Provisional Degree/Degree Certificate	
3.	Internship Completion Certificate (As applicable)	
4.	PG Mark Sheet & Certificate/Provisional Degree/Degree Certificate	
5.	MCI/DCI Registration (as applicable)	
6.	Fellowship approval letter	
7.	Address Proof & ID Proof	
8.	NOC (if applicable)	
9.	Copies of any other relevant documents are support of candidature	

(Signature of Candidate)

Name: