

All India Institute of Medical Sciences, Bhopal APPLICATION FORM FOR THE MHM COURSE

Please read Prospectus carefully before filling the Application Form

Affix your recent passport size colored

Advt. No.: Academic/AIIMS,	Bhopal/MHM/ 2024/	Dated :01/05/2024	
1. Name (in Block Letters)	:		
4. Address (Permanent)			
5. Address for corresponde	nce:		
(Contact No	Mobile No	
1	E-mail		
	(Please fill in block	(letters)	
6. Date of Birth: (dd/mm/yyyy)			
7. Category: (GEN/SC/ST/O	BC/EWS/PwD-OPH)		
	(Copy must be enclosed,	if applicable).	
9. Gender: M/F/ Others			

Place:

	Degre	ee/Exam.	Name o Univers	f Board/ sity	Year Passin		Su	ıbject	Percenta Division	
11. W		perience:		Name of 1	the	Date	of	Date of	Total	Salary
		Organizati	ion	post hel	d	Joini	ng	Leaving	Duration	details
12. Fe	e Detai	ls: DD No		CLARATIC		ınt (in F	Rs.)			·
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Date:								(Signatu	re of Candid	ate)

Name:__

Checklist

S.No.	Particulars	Please Tick
1.	Application fee (Enclosed DD)	
2.	Class X certificate for Date of Birth	
3.	UG Mark Sheet & Degree/Provisional Degree Certificate	
4.	SC/ST/OBC/EWS/PWBD Certificate issued by the	
	competent Authority (If applicable)	
5.	Fellowship approval letter	
6.	Address Proof & ID Proof (Aadhar Card)	
7.	NOC (if applicable)	
8.	Copies of any other relevant documents are support of candidature	

(Signature of Candidate)