



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Patna- 801 507

No. F. _____

Dated: _____

Subject: Application for (Please ✓ one only)	Short-Term/Summer Training Courses (3 months only)	Short-Term/Summer Training Courses (6 months only)
	<input type="checkbox"/>	<input type="checkbox"/>

- Name (in Capital Letters) : _____
- Father's Name : _____
- Date of Birth : _____
- Permanent Address : _____
- Correspondence Address : _____
- Telephone/Fax No. & Email Address (if any): _____
- Contact (relative / Friend) Name, Address, E mail id and phone number in case of any Emergency _____
- Citizenship : _____
 - Passport No. ----- b. Validity ----- c. Issuing Authority -----

(For Foreign Nationals only)
- Academic Qualification (Graduate/Post Graduate): _____

Affix one recent
Passport Size
Photograph Duly
attested by
Gazetted Officer

10. Sponsored by (Please ✓ one only): University/College Hospital/Institution Defence Personnel Short- term Training

11. Sponsoring Authority Name: _____

12. Sponsoring Authority Status: _____

13. Working Experience (if any) : Government/Autonomous Bodies (Government Funded)/Defence Services only. _____

14. If Employed/Working: _____
 (Name of Current Post / Designation Held & Date of Joining the Post)

15. Working as Regular / Temporary / Ad-hoc / Contract / Practitioner : - _____

16. Specific Period & Dates of Training :
 From: _____ To _____
 (Period/Duration of Training (in months), Start & End Dates of Training)

17. Discipline/Department : _____
 (Name of the Department in which training is required – only one department name is to be specified)
 Specify name of course if applicable _____

18. Brief (300 words) on reasons for coming to AIIMS

DECLARATION: I do hereby declare that the information furnished above is true and correct to the best of my knowledge and I shall abide by the rules and regulation of the AIIMS and I will not use this training/observership for advertisement on letter head, visiting card, name plate etc.

SIGNATURE OF THE APPLICANT

Sponsoring Authority (With Seal)
 N.B. Please affix the following with the application form:
 i) Sponsoring Authority letter in Original
 ii) Attested copies of all Certificates/Testimonials.

(The candidate, is advised to fill up each & every column of the application form & read the instructions/guidelines carefully before filling up the form)

INCOMPLETE APPLICATIONS WILL BE REJECTED STRAIGHTAWAY