

PROFORMA TO BE USED FOR NOMINATION

**(Name and particular of candidate for the post of Director,
All India Institute of Medical Sciences, New Delhi)**

1. Name (in **BLOCK CAPITAL**) :
2. Father's Name :
3. Date of Birth and Age :
(As on 31.07.2013)
4. Present Address :
5. Whether citizen of India or Non Resident Indian or Persons of Indian Origin (Please specify) :
6. Academic Qualification:

Graduation	Year of Passing	No. of attempts	College/University from which graduated
Post-graduation	Year of Passing	No. of attempts	College/University from which received post-graduation degree
Doctorate (if any)	Year of Passing		College/University

7. Field(s) of specialization :

(P.T.O)

8. Experience:

	Designation & the Institute where worked	From	To
(i) Before post-graduation			
(a) Teaching			
(b) Research			
(c) Administration			
(ii) After Post-graduation			
(a) Teaching			
(b) Research			
(c) Administration			

9. A complete list of Publications :
(please attach a list)

10. Books, if any written (List) :

11. Extra-curricular activities such as
Medico-social work, journalistic
or other activities related to
fine arts, sports etc.

12. Awards, distinctions, prizes etc. :

(a) At under-graduate level :

(b) At post-graduate level :

(c) Any other :

13. Fellowship/Membership of :
National and International
Scientific Societies, Academics etc.

14. Present post and designation :
(from when held)

15. Scale of pay :

16. Salary :

DECLARATION

**I hereby give my consent to accept the post of Director, All India
Institute of Medical Sciences, New Delhi, if selected.**

Signature

Place :

Name & Designation

Date :
