

**Dr. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., ANSARI NAGAR, NEW DELHI – 110 029**

Post Applied for _____

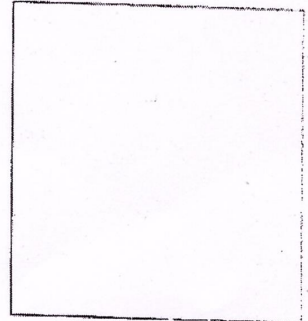
Name of Candidate _____

Father's/Husband's Name _____

Date of Birth _____

Nationality _____

Whether belong to SC/ST/OB/UR _____



Address for Correspondence _____

Permanent Address _____

Contact No. _____

Educational Qualifications (Latest First) :

Name of Examination	Year of Passing	Institution/ University	Subject	Remarks

Experience :

Name of Hospital/Institute/Project	Name of the Post	Whether working on Adhoc /Daily Wages/Res.Project/regular/Tem. Status.	Date of Joining to the Post	Date of relieving for the post	Remarks

Certified that the above facts are true to the best of my knowledge. If anything found incorrect, my candidature is liable to be cancelled.

DATED : _____
PLACED : _____

(SIGNATURE OF CANDIDATE)