

1. Name of the candidate:

3. Permanent address:

2. Date of birth:

ALL INDIA INSTITUTE OF MEDICAL SCIENCE, BHOPAL

Website: www.aiimsbhopal.edu.in Advt No.: AIIMS/BPL/PSY/2025/487

Format for Project Technical Support III Application

Affix your

latest passport size

3	. Permanent address:					photograph
4	Address for correspondence:					
5	Email address:					
6	6. Contact l	No.:				
7	7. Qualifica	ation from Mat	riculation/ High	school and abo	ve:	
S. No	. Qualific	cation N	Name of the Board /University		ar of Passing	Percentage of Marks
8	3. Experien	ce post qualific	eation:	·		
S.no	Post	Name of the Institution	From (date/month/year)	To (date/month/ year)	Total experience	Duties/responsibilities
belie Place	•	-	information prov	vided by me is c		nowledge and re of the candidate