

**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 )