



अखिल भारतीय आयुर्विज्ञान संस्थान नागपुर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

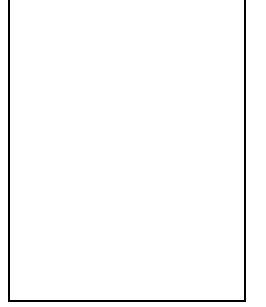
Address: Plot no.2, Sector -20, MIHAN, Nagpur - 441108

Website: <https://aiimsnagpur.edu.in>

Adv No: AIIMS-NAG/ANAT/ CATCH/2025/ 40, dated: 04.08.2025

Advertisement for the project staff posts for AI-ACIHR CATCH Trial ICMR-AYUSH funded project:

Please paste your recent passport photograph



1. Name of the post applied for :
2. Full name of Applicant in block letters :
3. Father's Name :
4. Mother's name :
5. Date of birth in DD-MM-YYYY format :
6. Age :
7. Gender (M/F) :
8. Marital Status :
9. Category :
10. Differently Abled : Y/N
11. Nationality :
12. Permanent address :
13. Address for correspondence including :
14. Contact number :
15. Email id :
16. Academic Record:
 - a. Qualification details with Percent marks/ rank, year of qualifying, recognition (eg. Degree recognised under Schedule II of CCIM Act, 1970/ NCISM Act 2020 for MD Kayachikitsa etc.) etc.

b. Qualifications/ Degrees (from 10th onwards in chronological order):

Sr. No.	Examination passed	Name of School/ College/ Institute with city and state	Name of Board/ University	Year of passing	Subjects/ Specialization	Percentage of marks/ GPA obtained	Distinction/ Division/Gold medal

c. Details of the projects carried out with duration, place of work, area of work etc. (in chronological order)

Project(s) title	Duration	Place/Institute where project was carried out	Area/ Specialization	Mentor/ Supervis or name	Applicant's contribution to the project

d. Working experience (if any, after acquiring essential qualifications):

e. Whether currently employed: Y/N; If YES, Designation, Name of the institute, project/work details, mentor's name/Department in-charge Name and designation:

f. If selected, time required to join this position:

17. Names and addresses of three referees along with phone number and/or email address.

Declaration

I hereby declare that I have carefully read and understood the instructions and particulars on the advertisement and also declare that all entries in this application form are true to the best of my knowledge and belief. In the event of any information being found incorrect/false, my candidature/services are liable to be terminated.

Signature

Date:

Place: