



# **ALL INDIA INSTITUTE OF MEDICAL SCINECES**

**Patna- 801 507**

No. F. \_\_\_\_\_

Dated: \_\_\_\_\_

Subject: Application for (Please ✓ one only)	Short-Term/Summer Training Courses (3 months only)	Short-Term/Summer Training Courses (6 months only)
	<input type="checkbox"/>	<input type="checkbox"/>

1. Name (in Capital Letters) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Permanent Address : \_\_\_\_\_
5. Correspondence Address : \_\_\_\_\_
6. Telephone/Fax No. & Email Address (if any): \_\_\_\_\_
7. Contact (relative / Friend) Name, Address, E mail id and phone number in case of any Emergency \_\_\_\_\_
8. Citizenship : \_\_\_\_\_
  - a. Passport No. ----- b. Validity ----- c. Issuing Authority -----  
**(For Foreign Nationals only)**
9. Academic Qualification (Graduate/Post Graduate): \_\_\_\_\_
10. Sponsored by (Please ✓ one only):
 

University/College	Hospital/Institution	Defence Personnel	Short- term Training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sponsoring Authority Name: \_\_\_\_\_
12. Sponsoring Authority Status: \_\_\_\_\_
13. Working Experience ( if any ) : Government/Autonomous Bodies (Government Funded)/Defence Services only.
14. If Employed/Working: \_\_\_\_\_  
(Name of Current Post / Designation Held & Date of Joining the Post)
15. Working as Regular / Temporary / Ad-hoc / Contract / Practitioner : - \_\_\_\_\_
16. Specific Period & Dates of Training :  
From: \_\_\_\_\_ To \_\_\_\_\_  
(Period/Duration of Training (in months), Start & End Dates of Training)
17. Discipline/Department : \_\_\_\_\_  
(Name of the Department in which training is required – only one department name is to be specified)  
Specify name of course if applicable \_\_\_\_\_
18. Brief (300 words) on reasons for coming to AIIMS  
\_\_\_\_\_  
\_\_\_\_\_

Affix one recent  
Passport Size  
Photograph Duly  
attested by  
Gazetted Officer

**DECLARATION:** I do hereby declare that the information furnished above is true and correct to the best of my knowledge and I shall abide by the rules and regulation of the AIIMS and I will not use this training/observership for advertisement on letter head, visiting card, name plate etc.

**SIGNATURE OF THE APPLICANT**

**Sponsoring Authority (With Seal)**

- N.B. Please affix the following with the application form:
- i) Sponsoring Authority letter in Original
  - ii) Attested copies of all Certificates/Testimonials.

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(The candidate, is advised to fill up each & every column of the application form & read the instructions/guidelines carefully before filling up the form)

**INCOMPLETE APPLICATIONS WILL BE REJECTED STRAIGHTAWAY**