ARMY INSTITUTE OF NURSING, GUWAHATI C/O 151 BASE HOSPITAL BASISTHA, GUWAHATI, ASSAM



Ph: 6901299910

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(a)	Name in (Capital l	full Letters)			Passpo size photogra
(b)	Daughte	r/Wife/ Son of			here
(c)	Date of E	Birth			
(d)	Age as o	n 01 Oct 2022 :	Years	Months	Days
(e)	Address	for communication:			
		obile :			
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You may attach a separate sheet, if necessary.

	Additional Qualifications (if any) (attach self attested photocopies of cer	tificates)
	Give particulars of all courses you have passed.	,

Name of the Course	Board/University/ Institution/ Organization	Year	% of marks

3(a). Experience (Fill in particulars in chronological order starting your first appointment and attach self attested photocopies of experience certificates).

Name of the Post	Per	iod	Organization	Nature of	Reason
	From	То		Duties	for leaving
				.,,	

3 (b). Addl Experience (if any):

Ser	Per	riod	Nature of work	Remarks
	From	То		
You 4.		separate sheet, cholarship/Aw	if necessary vard Won ? If Yes give its details	
5.	Other Skills			
6. 7.			ve will be valuable to this institution, Min	
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В.	Ar	e you presently working ? (Yes/No). If Yes, give following details : -
	(a)	Appointment and Institution
	(b)	Salary
	vledge	plemnly state that all the above particulars/statements are true to the best of my and belief. I also understand that in case any particulars given above are found to any later date, my services are liable to be terminated without any priornotice.
Date	e:	(Signature of Applicant)

- Note: 1. Application will be invalid in case at any stage it is found that the candidate is not meeting the minimum laid down criteria or has furnished false information.
 - 2. Only shortlisted candidates will be called for interview via email or telephone.
 - 3. Experience will be counted till 31 Oct 2022.

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