

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

Ph: 6901299910



AP	PLICAT	ION FORM	M FOR NON TEACHIN	G_POST OF				
1.	Pers	onal Data:						
	(a)	Name in (Capital	full Letters)			Passport size photograph		
	(b)	Daughte	er/Wife of /Son of			here		
	(c)	Date of	Birth					
	(d)	Age as o	on 31 Dec 2023:	Years	Months	Days		
	(e) Address for communication:							

		Tele / M	obile:	Email ID				
2.(a)	Educational Qualifications (attach self attested photocopies of certificates) Give particulars of all examination you have passed.							
	Examination		Board/University	Year	% of marks			
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You may attach a separate sheet, if necessary.

2.(b) Additional Qualifications (if any) (attach self attested photocopies of certificates) Give particulars of all courses you have passed.

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

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

Name of the Post	Period		Organization	Nature of	Reason
	From	То		Duties	for leaving
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You may attach a separate sheet, if necessary

4.	Other	Skills					
5.	Hobbie	s					
6.	Are	Are you presently working? (Yes/No). If Yes, give following details:-					
	(a)	Appointment and Institution					
	(b)	Salary					
	wledge	emnly 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 my later date, my services are liable to be terminated without any priornotice.					
Date	e:	(Signature of Applicant)					
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- 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.