

Application Format

Extramural Research Project - Department of Otorhinolaryngology, AIIMS, Rishikesh.

Post applied for: **Audiologist / Data Entry Operator**

Name:

Age:

Sex:

Date of Birth:

Father's name:

Address:

Latest photo

Mobile No:

Contact No:

E-mail:

Educational Qualification: (Self attested Proof-Xerox copy to be attached)

| Qualification | Year | Board/University | % of marks | Remark |
|---------------|------|------------------|------------|--------|
| High School | | | | |
| Intermediate | | | | |
| BASLP | | | | |
| | | | | |
| Other | | | | |

RCI Registration No. (for Audiologist): -

Experience: (Self attested Proof-Xerox copy to be attached)

| Post | Organisation | From - To | Period | Salary |
|------|--------------|-----------|--------|--------|
| | | | | |
| | | | | |
| | | | | |

Other:

| Fee details: | Applied Post | Fee | Payment Details (DD/Online) |
|--------------|---------------------|-----------|-----------------------------|
| | Audiologist | Rs. 500/- | |
| | Data Entry Operator | Rs. 250/- | |

Enclosures:

Date:



Signature