

OFFICE OF THE DIRECTOR
TOMO RIBA INSTITUTE OF HEALTH & MEDICAL SCIENCES (TRIHMS)
(SOCIETY UNDER THE GOVERNMENT OF ARUNACHAL PRADESH)
Naharlagun – 791110: Arunachal Pradesh

ADVERT. No TRIHMS/67/2017

APPLICATION FORM

1. Name of the post : _____
2. Name of Candidate : First: _____ Middle: _____ Last: _____
3. Date of Birth : _____
(Enclose Self Attested copy of Class X Pass certificate)
4. Permanent Address : _____

5. Address for Communication : _____

6. Contact No. : Mobile: _____, Landline: _____
7. E-mail id : _____
8. Medical Council Registration No. : _____
(Enclose Self Attested copy of registration)
9. Educational Qualifications : _____
(Enclose Self Attested copy of relevant Documents)

10. Teaching Experiences : _____
(Enclose Self Attested copy of relevant Documents)

11. NOC : _____
(If working in any organization)
12. Have you applied for any other post in TRIHMS before? If Yes, Please furnish details thereof.

DECLARATION

I, hereby declare that the information furnished above is true to the best of my knowledge.

Date: -

Place: -

(Signature with Name)