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)