



All India Institute of Medical Sciences, Rishikesh

Centre of Excellence for Use of Drones in Medicine

APPLICATION PERFORMA

1. Name (in capital letters): _____
2. Father Name: _____
3. Application for the Post of: _____
4. Date of Birth: _____
5. Age: _____
6. Whether belongs to SC/ST/OBC Category: _____
7. Sex: _____
8. Nationality: _____
9. Marital Status: _____
10. Address: _____
11. Mob. No. _____ Landline No. _____
12. E-mail ID: _____

Educational Qualifications:

S.No	Examination passed	Board/University	Passing Year	Percentage scored
1				
2				
3				
4				



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Experience (Post Qualification):

S.No	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility
1						
2						
3						
4						

Declaration

☐ I hereby declare that the above information mentioned in the Application Form are complete and true to the best of my knowledge, belief and information.

Signature

Date: _____

Place: _____

Enclosures attached (all required documents): -

- 1.
- 2.

Note: Please send your filled application form on coedrone@aiimsrishikesh.edu.in latest by **26th July 2025**.