



**अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी**  
**All India Institute of Medical Sciences, Guwahati**  
स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक वैधानिक निकाय  
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)

APPLICATION FORM FOR SPOT ROUND OF PG COUNSELLING FOR INICET JULY 2024 SESSION

<b>INI-CET JULY 2024 RANK</b>	
<b>Choice of Subject</b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>

**Candidate ID :**

**Roll No :**

Personal details (in Block Letters)

1. Full Name																				

2. Father's/ Husband's Name																				

3. Address for Correspondence																				



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4. Permanent Address																					

5. E-mail ID																				
6. Phone/ Cell No.1																				
Phone/ Cell No. 2																				
Landline No.																				

7. Date of Birth	D	D	M	M	Y	Y	Y	Y	8. Nationality	
									9. Name of the state to which you belong	
									10. Gender	

11. Category	UR	OBC	SC	ST

12. If physically challenged (OPH category) Percentage disability	
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**Details of Work Experience:**

13. Please bring original and two sets of self-attested photocopies of related documents at the time walk in interview.

14. Details of security deposit of 3 lakh INR: Demand Draft No. \_\_\_\_\_ Date: \_\_\_\_\_  
Amount Rs 3 Lakh INR.

15. I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect, my candidature/services are liable to be terminated without any notice. I \_\_\_\_\_ agree to abide by the terms and conditions of contractual appointment. .

**Place:**

**Date:**

**Signature of the Candidate**