



डा0 राम मनोहर लोहिया आयुर्विज्ञान संस्थान,

विभूति खण्ड, गोमती नगर, लखनऊ-226010

फोन नं0-0522-6692120, 101 Fax No. 0522-4918506, Website – www.drrmlims.ac.in

No. 4329 /Estb.2/Dr.RMLIMS/2023

Date: 15/03/2023

Notice regarding filling up enclosed application form
while reporting for Walk-in-Interview

In continuation to our Advt. no. 4228/Estb.2/Dr.RMLIMS/2023 dated 04/03/2023 regarding filling up the posts (Social Worker, Lab Attendant & Computer Operator cum Data Entry Operator) on contract basis in Thalassemia Day Care Centre through walk-in-interview on 17/03/2023 and 18/03/2023, candidates are advised to bring application form in the prescribed format (enclosed) after duly filled in on the scheduled date of walk-in-interview along with self-attested photo copy of required testimonials/documents as per our advt.


Chief Medical Supdt.



APPLICATION FORM FOR APPOINTMENT ON CONTRACT BASIS

(for Thalassemia Day Care Centre)

Ref. Advertisement No. 4228/Estb-2/Dr.RMLIMS/2023 Dated- 04/03/2023

1. Name of the post against which applied for:

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Paste a self-signed Passport
size
Photograph

Do not staple

Signature of Candidate

2.	First Name	Middle Name	Surname

3.	Mother's Name	
	Father's Name	

4.	Date of Birth (DD/MM/YY)					Age as on date of Interview	
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5	Category (UR/SC/ST/OBC/PWDs)	
6	Gender: Male/ Female/ Transgender	

7	Marital Status (Single-1, Married-2, Widow-3, Divorced-4, Separated-5)	
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8.	Mailing Address:

9. Mobile

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10. E-mail:

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11	Permanent Address (if, different from above):

12. Aadhaar Card No.:

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Dr. Ram Manohar Lohia Institute of Medical Sciences,

Vibhuti Khand, Gomti Nagar, Lucknow-226010

Ph No. 0522-6692120, 6692101 Fax No. 0522-4918056, Website: - www.drmlims.ac.in

13	Qualification Profile				
Sl. No.	Examination Passed	Institution	Subject	Year	No. of Attempts

14 Experience Profile						
Sl. No.	Name of Employer / Institution	Post held	Scale of pay / salary p.m.	Period of employment		Reason of Leaving
				From	To	

15. Other information, if any: _____

Declaration:

I hereby declare that all statements made in the application are true, complete and correct to best of my knowledge and belief. I, solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice. In this matter decision of the admitting Institute shall be final and binding on me.

Signature of the Candidate

Place:

Date: