

# APPLICATION FORM

## Recruitment Notification – AIIMS Delhi (2026)

To,  
The Director  
All India Institute of Medical Sciences (AIIMS)  
New Delhi

Affix Recent  
Passport Size  
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**Subject:** Application for the post as per AIIMS Recruitment Notification – 2026

1. Name of the Applicant (in CAPITAL letters): \_\_\_\_\_
2. Father's / Husband's Name: \_\_\_\_\_
3. Date of Birth (DD/MM/YYYY): \_\_\_\_\_
4. Age (as on closing date): \_\_\_\_\_
5. Gender:  Male  Female  Other
6. Category:  UR  OBC  SC  ST  EWS
7. Address for Correspondence: \_\_\_\_\_
8. Mobile Number: \_\_\_\_\_ Email ID: \_\_\_\_\_
9. Post Applied For: \_\_\_\_\_
10. Advertisement / Notification No.: \_\_\_\_\_
11. Educational Qualifications: \_\_\_\_\_
12. Experience Details (if any): \_\_\_\_\_

### DECLARATION

I hereby declare that all the information furnished above is true and correct to the best of my knowledge. I understand that if any information is found incorrect, my candidature is liable to be cancelled.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_  
Name: \_\_\_\_\_