



# All India Institute of Medical Sciences

At: Sijua, Po: Dumduma, Bhubaneswar (Odisha) – 751019

## Application form

1. Name of the post applied for:

2. Name of the Project:

Photograph

3. Name in full (block letters):

4. Mothers name:

5. Fathers/husbands name:

6. Guardian name and Phone no.:

7. Address for correspondence:

With phone number & email id.

8. Permanent address

9. Date of birth

10. Whether SC/ST/ OBC/General

Caste:

11. Marital Status: Married/Unmarried



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### 12. Educational qualifications:

Sl.no	Exam passed	Grade	Year of passing	Board/University	Specialization

### 13. Work experience:

Sl.no	Period		Post held and scale of pay	Name of the employer	Reason for leaving
	From	To			

14. Employment exchange details (if available): No ..... Exchange.....

15. If selected what period would you require for joining the post:

16. Have you ever been declared unfit by a medical board/court.....Yes/No.....

For appointment in any government service? If yes, details.....

### Declaration

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Date:

Place:

Signature of the candidate