



**All India Institute of Medical Sciences- Bhubaneswar**  
(A Statutory body under aegis of Ministry of Health Family Welfare, Govt. of India)  
**Sijua, Post-Dumduma, Bhubaneswar (Odisha)- 751019**

**Bio -data form**

1. Name of the post Applied for :
2. Name of the Project :
3. Name in Full (block letters) :
4. Fathers / Husbands Name :
5. Mothers 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
12. Education Qualifications :

Sl. No.	Exam Passed	Grade	Year of passing	Board/University	Specialisation



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13. **Work Experience** :

Sl No	Period		Post Held and Scale of pay	Name of 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.

Place :

Date :

(Signature of the candidate)