



# 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)