Servicemen in accordance with the instructions issued by the central government from time to time. Age concession to the extent of service rendered in other research projects will also be admissible for experience and skilled persons.

- 3. Selected candidates have to do their duties as specified by the PI in anesthesia department and may have to do follow up at home/hospital whenever the necessity arises.
- 4. Selected candidates have to undergo training at AIIMS, Bhubaneswar and may be required to visit parent centre as dictated by the project if necessity arises.
- 5. No TA/DA will be paid for attending the interview.
- 6. All other terms and conditions will be regulated by the guidelines as issued by the funding agency & AIIMS Bhubaneswar.

Dr Swagata Tripathy (Contact Information)

Additional professor

Department of Anesthesia & Critical Care

AIIMS, Bhubaneshwar

(Principal investigator)

Odisha-751019

E-mail: anaes_swagata@aiimsbhubaneswar.edu.in

Phone: 8763400534

Application form:

| 1. | Name of the post applied for: | Photograph |
|----|-------------------------------|------------|
| 2. | Name of the project: | |
| | | |

| 3. Name in full (block letters): | |
|---|--------|
| 4. Mothers name: | |
| Fathers/husbands name: | |
| Guardian name and Phone no.: | |
| 5. Address for correspondence : With phone number & email id. | |
| 6. Permanent address: | |
| 7. Date of birth: | |
| 8. Whether SC/ST/OBC/General: | Caste: |
| 9. Marital status: Married/Unmarried | |
| 10. Educational qualifications: | |

| Sr.no. | Exam passed | Grade | Year of passing | Board/University | specialization |
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11. Work experience:

| Sr.no. | From Pe | eriod To | Post held and scale of pay | Name of the employer | Reason for leaving |
|--------|---------|-------------|----------------------------|----------------------|--------------------|
| | | | | | |
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| 12. Employment exchange details (if available): 13. If selected what period would you require for 14. Have you ever been declared unfit by a medical content of the content | r joining the post: |
|--|---------------------|
| for appointment in any government service? | If yes, details |
| | |

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 |
|-------|--------|----------------------------|
| | | U |