

All India Institute of Medical Sciences Bhubaneswar

(A statutory body under the aegis of Ministry of Health and Family Welfare, Govt. of India)

Sijua, Dumduma, Bhubaneswar-751019

APPLICATION FORM

1. Name of Candidate in Block Letter (Full Name):
2. Father's/Husband's Name:
3. Date of Birth:
4. Age at the time of interview:
5. Gender:
6. Present Address for correspondence:
7. Permanent Address:
8. Phone Number/Mobile Number:
9. Email Id:
10. Details of Qualification

Serial Number	Degree	Year of Passing	University

11. Details of Experiences

Serial Number	Designation	Institute	Period

12. Any other important information; attach other paper

Declaration

I hereby declare that information given above is true and correct to the best of my knowledge. In the event of any information being found incorrect/false, my candidature/services are liable to be terminated

Place:

Date:

Signature of Candidate