



अधिकारी भारतीय आयुर्विज्ञान संस्थान, बीबीनगर, हैदराबाद
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR, HYDERABAD
“An INI under the aegis of Ministry of Health & Family Welfare, Govt. of India”
हैदराबाद मेट्रो पौलिटन क्षेत्र (एच एम आर), तेलंगाना – 508126, भारत
Hyderabad Metropolitan Region (HMR), Telangana-508126, India

Advertisement No.	<u>SR-01/2026</u>	Please attach recent passport size photo
Name of the Department applied for		
Name of the Post	Senior Resident (Non-Academic)	

Personal Details (INCAPITAL LETTERS)

1. Full Name												
2. Father's Name												
3. Address for correspondence with PIN code number												
4. Permanent Address with PIN code number												
5. E-Mail Id (In Block Letter Only)												
6. Phone / Cell No.	+	9	1	पर्विजात								
7. Alternate Number	+	9	1									
8. Date of Birth (Please Attach Document for Evidence)	D	D	M	M	Y	Y	Y	Y	9. Nationality			
									10. State to which you belong			
11. For PwBD Candidate	Type of Disability						Percentage Disability:.....					
12. Category (Please Tick only)	UR		EWS		OBC		SC		ST			

13. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 th)			
Senior Secondary(12 th)			
MBBS/BDS/M.Sc.			
MD/MDS/MS/Ph.D.			
DM/DNB/M.Ch			
Any Other			

15. Publications	Indexed National Journals	Indexed International Journals

16. If selected, specify the minimum required time to join: समय: सुरक्षित: भवन्तु

Bring the original and attested photo copies of related documents and publications at the time of Interview.

17. I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false / incorrect, my candidature / services are liable to be terminated without any notice. I agree to abide by the terms and conditions for contractual appointment.

Place:

Date:

Signature of the Candidate