

APPLICATION FORM**Advt. No.:** AIIMS/BBSR/Neonat/2026/**Date of Walk-In-Interview/ VC (DD/MM/YYYY):****Post applied for:**

Project title for which applied: Establishment of NIDAN Kendra at AIIMS, Bhubaneswar, and screening of pregnant women and newborns in the aspirational district (BBMCH, Balangir & Kalahandi DHH, Kalahandi, Odisha)

1. **Name of the Applicant** :
2. **Sex** : Male/ Female
3. **Category** : PWD/ SC/ ST/ OBC/ GEN
4. **Marital Status** : Married/ Unmarried

5. **Father's/ Spouse Name** :

6. **Date of Birth** :

7. **Age as on** :

YEARS	MONTHS	DAYS

8. **Address for communication** :

_____ PIN _____

Mobile No.: _____

Email: _____

9. **Permanent address** :

_____ PIN _____

Telephone No. _____

Mobile No.: _____

10. **Nationality** :

11. Educational Qualification : (Enclose self-attested photocopies of degree/ diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/ University	Month & Year of passing
Xth (HSC)			
XIIth (HSSC)			
Diploma			
Degree			
Post Graduation			
Others			

12. Current activities :

13. Experience : (use separate sheets if space is inadequate)

Name of the organization/ Institution where worked	Post	Period		Scale of pay & Gross pay drawn	Nature of work
		From	To		

14. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Address with Telephone/ Mobile No. & Email

15. Any other information you wish to add:

DECLARATION

I, _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.

Place:

Date:

(Signature of the applicant)

Full Name: