APPLICATION FORM

Advt. No. AIIMS/BBSR/

Date of Interview/ : _____

Mode of Interview (Please "✓" in the appropriate box) :- Offline ☐ Online ☐

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 DD/MM/YYYY :

Days	Months	Years

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:

Name of the Organization/ Institution where worked	Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

(Use separate sheet if space is inadequate)

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

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

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: