ALL INDIA INSTITUTE OF MEDICAL SCIENCES, GORAKHPUR

(An autonomous organization under the Ministry of Health & Family Welfare, Government of India)

Intermediate Field Epidemiology Training Programme (I-FETP) Hub

APPLICATION FORM FOR PROGRAMME SUPPORT ASSOCIATE (I-FETP)

Advertisement No.:		Paste recent passport-size photograph here
Date of Walk-in Interview:	31 August 2026	

A. PERSONAL DETAILS

1. Full Name (in BLOCK LETTERS)	
2. Father's/Mother's/Spouse's Name	
3. Date of Birth (DD/MM/YYYY)	
4. Age as on last date of application	_____ Years _____ Months _____ Days
5. Gender	Male / Female / Other
6. Category	UR / OBC / SC / ST / EWS / PwBD
7. Nationality	
8. Aadhaar/Other ID Number	
9. Mobile Number	
10. Email ID	
11. Correspondence Address	
12. Permanent Address	

B. EDUCATIONAL QUALIFICATIONS

S. No.	Examination/Degree	Discipline/Subject	Board/University	Year	Marks/CGPA
1	Graduation				
2	Postgraduation				
3	Other relevant qualification				

C. POST-QUALIFICATION EXPERIENCE

Provide experience beginning with the most recent appointment. Attach self-attested experience certificates clearly indicating designation, period and nature of duties.

S. No.	Organization Govt./Autonomous/PSU/NHM/National Programme	Designation	From	To	Total Duration
1					
2					
3					
4					

Total post-qualification experience: _____ Years _____ Months

D. RELEVANT SKILLS AND EXPERIENCE

Area	Details of experience/proficiency
Programme coordination / office administration	
Official record maintenance / Government correspondence	

Workshop/event coordination	
Procurement documentation / GeM / quotation processing	
PFMS / SoE / Utilization Certificate / financial documentation	
eOffice / MS Word / Excel / PowerPoint / MIS / data management	
Public Health / Epidemiology / PM-ABHIM / NHM / I-FETP	

E. DOCUMENTS ENCLOSED

S. No.	Document	Tick (✓)
1	Signed application form	
2	Updated Curriculum Vitae	
3	Proof of date of birth/age	
4	Photo identity proof	
5	Graduation certificate and mark sheets	
6	Other educational qualification certificates	
7	Relevant experience certificates	
8	Category/PwBD certificate, if applicable	
9	Recent passport-size photograph	
10	Other supporting documents	

F. DECLARATION

I hereby declare that all information furnished in this application is true, complete and correct to the best of my knowledge and belief. I understand that my candidature/engagement is liable to be cancelled or terminated at any stage if any information or document is found false, incorrect or suppressed. I have read and agree to abide by the advertisement, the approved Terms of Reference for Programme Support Associate (I-FETP), and the applicable rules, regulations and administrative procedures of AIIMS Gorakhpur. I understand that the engagement is purely contractual, project-specific and co-terminus with the I-FETP project, and shall not confer any right to regular appointment, absorption or continuation in service.

Place: _____ Signature of Applicant: _____

Date: ____ / ____ / 2026 Name: _____