

All India Institute of Medical Sciences Sijua, Dumuduma – Post, Bhubaneswar (Odisha) -751019

Application Form

| Advertisement No. | | | | | | | | | | | | | | | | | | | Nose | o ott | ach | | |
|------------------------------------|-------------------------------|--|--|--|---|---|---|---|---|----|-------|------|----|------------------------------------|---|--|--|--|--|-------|--------------|--|--|
| Name of the Department applied for | | | | | | | | | | | | | | | | | | | Please attach Recent passport size Photo | | | | |
| Name of the Post | | | | | | | | | | | | | | | | | | | | | 3126 1 11010 | | |
| Personal Details (in Blok Letters) | | | | | | | | | | | | | | | | | | | | | | | |
| | Full Name | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | Father's Name | | | | | | | | | | | | | | | | | | | | | | |
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| 3. | Address for Correspondence | | | | | | | | | | | | | | | | | | | | | | |
| | correspondence | | | | | | | | | | | | | | | | | | | | | | |
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| 4. | Permanent | | | | | | | | | | | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | | | | | | | | | | | |
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| 5. | E-Mail Id (CAPITAL LETTER) | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Phone / Cell No.1 | | | | | | | | | | | | | | | | | | | | | | |
| | Phone/ Cell No.2 | | | | | | | | | | | | | | | | | | | | | | |
| | Land line No. | | | | | | | | | | | | | | | | | | | | | | |
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| 7. Date of Birth | | | | | | D | M | М | Υ | Υ | Υ | Υ | | Nationality State to which you bel | | | | | | | | | |
| (Pl | ease Attach Documei | | | | | | | | | 9. | State | belo | ng | | | | | | | | | | |
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| 10. Category | - | | | UR | | | | (| OBC : | | | | ST | | | | | | | |
|--|------|-----|----------|-----|-------|-------|-------|------|-----------------|---|------------------|--------------------------|-------------------|------------------|-----------------------|------------------|--------------------|---|--|--|
| 11. If Physically Challenged (OPH Category) Candidate | | | | | | | | | | | late | : - | | | Percentage Disability | | | | | |
| 12. Details of Educational Qualifications | | | | | | | | | | | | | | | | | | | | |
| Examination Pa | | | | | /Inst | ituti | on/ | 'Cou | ıncil of Examir | | Month, Year of P | No. of Extra Attempts | | | | | | | | |
| Secondary (10 | | | | | | | | | | | | | | , accompto | | | | | | |
| Senior Second | | | | | | | | | | | | | | | | | | | | |
| MBBS / BDS | | | | | | | | | | | | | | | | | | | | |
| Details of work experience: | | | | | | | | | | | | | | | | | | | | |
| 13. Name of | | | | | riod | of Se | ervic | e Fo | | | | | | Nature of | | Total Monthly | Reason for Leaving | | | |
| the Organisation | D | D | FRC M | M | Υ | Υ | D | D | M | м | Υ | Υ | Designation | Duties perfor | | Emoluments | Services | | | |
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| Bring the original and 02 set of attested photocopies of related documents and publications at the time of Joining. 15. Details of Application Fee: NEFT UTR No Dated Amount Rs | | | | | | | | | | | | | | | | | | | | |
| 15. Details | of a | Арр | licat | ion | Fee | : N | IEFT | UT | R No | o | | | | Dated | | Amou | nt Rs | · | | |
| 16. 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. Iagree to abide by the terms and conditions for contractual appointment (Appendix – 'A' of advertisement). | | | | | | | | | | | | | | | | | | | | |
| Place: | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | S | ignature of the C | andidate | e | | | | | |