

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

## **Application Form**

Advertisement No.																								
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1.	Full Name																							
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2.	Father's Name																							
3.	Address for																							
	Correspondence																							
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٦.	Address					-																		
5.	E-Mail Id																							
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6.	Phone / Cell No.1																							
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7.	7. Date of Birth D				D	M	N	l Y	<u>'</u>	Y	Υ	Υ	8. Nationality											
(Please Attach Document for Evidence)												9. State to which you belong												
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10. If Physically Challenged Candidate					Percentage Disability																			

11. Category	UR	ОВС	sc	ST		

12. Details of Educational Qualifications									
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts						
Secondary (10 <sup>th</sup> )									
Senior Secondary (12 <sup>th</sup> )									
MBBS / BDS									
MD / MS									
M.Sc									
Ph.D									

## Details of work experience:

13. Name of		Period of Service Form												Nature of	Total	_	
the	FROM						то						Designation	Duties	Monthly	Reason for Leaving	
Organisation	D	D	м	М	Υ	Υ	D	D	М	м	Υ	Υ		performed	Emoluments	Services	

14. Publication	Index National Journal	Index International Journal

## Bring the original and 02 set of attested photocopies of related documents and publications at the time of Interview.

15.	I hereby declare that the entries made in this form as above are true and correct to	o th	e best o	of m	y kno	wledge	and
	belief. In the event of any information being found false/incorrect my candid	latui	re/servi	ces	are l	iable to	o be
	terminated without any notice. Iagree	to	abide	by	the	terms	and
	conditions for tenure appointment.						

Date:

**Signature of the Candidate**