

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

Application Form

Advertisement No.	
	Diagaa attaabad
Name of the Department applied for	Please attached
Name of the Department applied for	Recent passport
	size Photo
Name of the Post	

Personal Details (in Blok Letters)

		 ,										
1.	Full Name											
2.	Father's Name											
3.	Address for											
	Correspondence											
4.	Permanent											

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Address											

5.	E-Mail Id (CAPITAL LETTER)											
6.	Phone / Cell No.1											
	Phone/ Cell No.2											
	Land line No.											

7. Date of Birth	D	D	м	м	Y	Y	Y	Y	8.	Nationality	
(Please Attach Document for Evidence)									9.	State to which you belong	

10. If Physically Challenged Candidate	Percentage Disability

-	2	-

11. Category	UR	OBC	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 th)											
Senior Secondary (12 th)											
MBBS / BDS											

Details of work experience:

13. Name of the			FRO		riod	of S	ervic	e Fo	rm T(0			Designation	Nature of Duties	Total Monthly	Reason for Leaving
Organisation	D	D	м	м	Y	Y	D	D	м	м	Y	Y	Designation	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. Details of Application Fee : NEFT UTR No. _____ Dated _____ Amount 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. I......agree to abide by the terms and conditions for contractual appointment (Appendix 'A' of advertisement).

Place:

Date:

Signature of the Candidate