



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

**Application Form**

Advertisement No.		Please attach Recent passport size Photo
Name of the Post		
Name of the Department applied for		

**Personal Details (in Blok Letters)**

<b>1. Full Name</b>	
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<b>2. Father's Name</b>	
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<b>3. Address for Correspondence</b>	

<b>4. Permanent Address</b>	

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

<b>7. Date of Birth (Please Attach Document for Evidence)</b>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>8. Nationality</b>	
									<b>9. State to which you belong</b>	

<b>10. Category</b>	<b>UR</b>	<b>OBC</b>	<b>SC</b>	<b>ST</b>

<b>11. If Physically Challenged (OPH Category) Candidate</b>		<b>Percentage Disability</b>	

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			
M.Sc. (Medical)			
MS			
MD/DNB			
DM/MCh			
PhD			

**13. Details of work experience:**

Name of the Organisation	Period of Service Form												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for Leaving Services
	FROM						TO									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

14. Whether MBBS/M.D/MS/M.Sc./DM/MCh degree is recognized by Medical Council of India : Yes/No

15. Whether registered with State Medical Register or Indian Medical council (**Applicable for Medical candidate**):- (with documentary proof)

(a) Registration No with the Medical Council of India : \_\_\_\_\_

(b) State in which registered : \_\_\_\_\_

16. 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.**

17. Details of Application Fee : NEFT UTR No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount Rs.\_\_\_\_\_.

18. 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 tenure appointment.

**Place:**

**Date:**

**Signature of the Candidate**