

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, Bibinagar
Hyderabad Metropolitan Region, Telangana
Department of Community Medicine and Family Medicine
First Floor, AIIMS Bibinagar-801507

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Duly signed

(Please read the format carefully before fill. If format will be not fill clearly, form will be rejected)

Name of the post applied for:

1. Name (In Capital Letters) :
2. Father's Name :
3. (a) Date of Birth :
- (b) Age in year (as on th14th Oct, 2021): days..... Month..... Years
4. Nationality :
5. Marital Status :
6. Sex (Male/Female) :
7. Category (Gen./OBC/SC/ST):
8. (a) Address (Permanent) :
- :
- : Pin Code
- (b) Address for Communication
- :
- :
- : Pin Code

9. Contact Details Residence : _____
 Office : _____
 Mobile : _____
 E-Mail ID : _____

10. Please tick (✓) if you are a member of Scheduled Caste/Scheduled Tribe/OBC

(Answer: Yes or No): _____

If the answer is Yes, Provide Caste

Certificate _____

5. Particulars of all examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.

Examination or Degree obtained	Subject taken	Year of Passing	Grade/ Percentage
X			
XII			
Graduation			

6. Give particulars of Employments held in chronological order:-

Name of employer	Date of joining	Date of leaving	Designation during employment	Salary (excluding allowances) last drawn & scale of pay

7. Details of Enclosures:

- i.
- ii.
- iii.
- iv.
- v

DECLARATION

I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Place:

Date :

Signature of Candidate