



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BIBINAGAR, Hyderabad Metropolitan Region, TELANGANA – 508126

अखिलभारतीयआयुर्विज्ञानसंस्थान (एम्स),बीबीनगर,
हैदराबादमेट्रोपोलिटनक्षेत्र, तेलंगाना – 508126, भारत

Application Form

For the ANRF funded project titled “RNA Methylation-Driven Activation of Circulating Monocytes in Diabetes: Insights from In Vitro and Human Studies”. at AIIMS Bibinagar.

(Please read the application form carefully before filling. If filled incorrectly/inappropriately, your application is liable to be rejected.)

Please affix a recent
passport size color
photograph, self-
attested.

1. Post applied for:.....
2. Name (In Capital Letters):
3. Father's/Husband's Name:.....
4. Date of Birth (dd/mm/yyyy):.....
5. Age in year (as on Last Date of Submission): Years..... Months Days
6. Gender (Male/ Female/ Others/ Prefer not to say):.....
7. Nationality:
8. Marital Status: unmarried/married/divorcee/widower.....
9. Category (Gen./OBC/SC/ST/PwBD):
10. Address (Permanent):.....

.....

.....

..... Pincode:.....

11. Address for correspondence:

.....

.....

..... Pincode:.....

12. Contact Details:

Mobile:

E-Mail ID:.....

13. Particulars of all educational qualifications (commencing with Matriculation or equivalent examinations)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BIBINAGAR, Hyderabad Metropolitan Region, TELANGANA – 508126
अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), बीबीनगर,
हैदराबाद मेट्रोपोलिटन क्षेत्र, तेलंगाना – 508126, भारत

Examination passed or Degree obtained	Board/University/College	Subjectmajor/Specialization	Year of Passing	Mark s/Grade obtained Percentage
X				
XII				
Graduation				
Post- graduation				
Others				

14. Particulars of Employments/Work experience held in chronological order (from first till present)

Name of the Employer	Designation during Employment	Nature of Work	From date	To date	Reason for Leaving

15. If selected, how much time would you require to join the post:

DECLARATION

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing false information or suppression of facts will lead to disqualification and is likely to render me unfit for the post.

Place:

Signature of Candidate _____

Date:

Name of the candidate _____



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BIBINAGAR, Hyderabad Metropolitan Region, TELANGANA – 508126
अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), बीबीनगर,
हैदराबाद मेट्रोपोलिटन क्षेत्र, तेलंगाना – 508126, भारत

ANNEXURE - 2

Documents to be enclosed with the duly filled application form - checklist

S No	Document	Checked
1	SSC or 10 th class marks memo/certificate (for proof of birth)	
2	12th or equivalent certificate	
3	Degree certificate (Graduation/Post Graduation)	
4	Any other educational qualification	
5	Work experience and/ research experience certificates in chronological order	
6	Caste/Reservation certificate, if any	
7	Photo ID (Aadhar card/PAN card/Indian passport)	