

**Annexure 1**  
**All India Institute of Medical Sciences, Bhubaneswar**  
**Sijua, Post- Dumduma, Bhubaneswar 751019**

**Application Form**

Space for  
affixing  
passport size  
photo

1. Name of the Post Applied for :
2. Name of the Project :
3. Name in Full (block letters) :
4. Fathers/Husbands Name :
5. Mothers Name :
6. Guardian Name and Phone No. :

7. Address for Correspondence :  
with Phone Number & Email ID

8. Permanent Address :

9. Date of Birth :

10. Age as on the date of Advertisement :

11. Whether SC/ST/OBC/General : Caste:

12. Marital Status : Married/Unmarried

**13. Educational Qualifications:**

| Sl. No. | Exam Passed | Grade | Year of Passing | Board/University | Specialization |
|---------|-------------|-------|-----------------|------------------|----------------|
|         |             |       |                 |                  |                |
|         |             |       |                 |                  |                |
|         |             |       |                 |                  |                |
|         |             |       |                 |                  |                |
|         |             |       | 5               |                  |                |

**14. Work Experience:**

| SL. No. | Period |    | Post Held and Scale of Pay | Name of the Employer | Reason for Leaving |
|---------|--------|----|----------------------------|----------------------|--------------------|
|         | From   | To |                            |                      |                    |
|         |        |    |                            |                      |                    |
|         |        |    |                            |                      |                    |
|         |        |    |                            |                      |                    |
|         |        |    |                            |                      |                    |
|         |        |    |                            |                      |                    |

15. Employment exchange details (if available): No..... Exchange.....

16. If selected, what period would you require for joining the post: .....

17. Have you ever been declared unfit by a medical board/court.....Yes/No.....

for appointment in any government service?

If yes, details.....

**DECLARATION**

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Place:

Date:

**Signature of the Candidate**