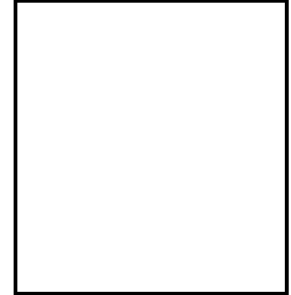




DEPARTMENT OF PHARMACOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA - 508126, INDIA

FORMAT FOR APPLICATION



(Please read the application form carefully before filling, if not filled clearly, form will be rejected)

Project Name: “A prospective study to explore the risk of Diabetes in patients on long term Acid Suppressant therapy

Name of the post applied for: Project Scientist B (Medical)

1. Name (In Capital Letters):.....
2. Father’s Name :
3. (a). Date of Birth :
- (b). Age in years (as on.....2023):Years.....Months.....Days
4. Nationality :
5. Marital Status :
6. Sex (Male/Female) :.....
7. Category (UR/OBC/SC/ST):.....
8. (a).Address (Permanent):.....
.....
.....Pin Code:.....
- (b). Address for Communication:
.....



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13. Publications details if any:

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

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information and I undertake that any information furnished here in, if found to be incorrect or false, then I shall be liable for action as per rules in force.

Signature of Candidate:

Date:

Place: