

DEPARTMENTOFPHARMACOLOGY

ALLINDIAINSTITUTEOFMEDICALSCIENCES,BIBINAGAR HYDERABADMETROPOLITANREGION(HMR)TELANGANA-508126,INDIA

FORMATFOR APPLICATION

(P)	lease read the applica	tion form carefully before filling, if not filled clearly, form will be rejected)							
	Project Name: "A p	rospective 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 Le	etters):							
2.	Father's Name	:							
3.	(a). Date of Birth	·							
	(b). Age in years (a	s on2023):							
4.	Nationality	:							
5.	Marital Status	:							
6.	Sex (Male/Female)	·							
7.	Category (UR/OBC	/SC/ST):							
8.	(a).Address (Perman	nent):							
		Pin Code:							
(b). Address for Communication:									



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9. Contact Details:	Residence:_	_Office:_							
	Mobile:								
E mail Id:									
10. Please tick (✓)i	f vou are a m	ember of	Sche	eduled Caste/Sched	luled Tribe/OB	3C			
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:									
		rae caste	2011						
11. Educational Qua	difications:								
Examination or Degree obtained	Subject/Dis Specialty	scipline/		iversity/Institute/ llege	Year of Passing	Marks Obtained (Grade/Percentage)			
X									
XII									
Graduation									
Post-Graduation									
12. Work Experience	e details:								
Name of the employer		Date of Joining		Date of leaving	Designation during employment				



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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: