

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, Bibinagar  
Hyderabad Metropolitan Region, Telangana**

**Department of Community Medicine and Family Medicine  
First Floor, AIIMS Bibinagar - 508126**



(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 07<sup>th</sup> March, 2023): .....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			

7. 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

8. 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