

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

Department of Pediatrics
Ground Floor, AIIMS Bibinagar-508126

Affix recent
passport size
photograph
duly signed

(Please read the format carefully before filling. If not filled clearly, the form will be rejected)

Name of the post applied for:

1. NAME (In Capital Letters) :
2. Father's Name :
3. Age :
 - i. Date of Birth :
 - ii. Age as on 20 May, 2022 :days.....months.....years
4. Nationality :
5. Marital status :
6. Sex (Male/female/Do not wish to declare):
7. Category (Gen/OBC/SC/ST) :
8. Address
 - i. Permanent address : _____
_____Pin Code_____
 - i. Address for communication : _____

9. Contact details

- i. Residence :
- ii. Office :
- iii. Mobile :
- iv. E-mail id :

10. Please tick () if you are a member of Scheduled Caste/Scheduled Tribe/OBC

Answer yes/no :

If the answer yes, provide the caste :

Certificate attached yes/no :

11. Particulars of all examinations passed and degree obtained (commencing with the matriculation and equivalent examination). Attach attested copies of all certificates

Examination or degree obtained	Subject taken	Year of passing	Grade/percentage
X			
XII			
Graduation			

12. 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

13. Details of enclosures :

- i.
- ii.
- iii.
- iv.

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