

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

Department of Community and Family Medicine  
First Floor, College Building, AIIMS Patna-801507



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

Name of the post applied for: MEDICAL OFFICER, JRF-GIS, FIELD INVESTIGATOR, PROJECT ASSISTANT, JRF, DATA ENTRY OPERATOR (Please tick any one, the post which you are applying for)

Name of the Post : .....

1. Name (In Capital Letters): .....

2. Father's Name : .....

3. (a) Date of Birth : .....

(b) Age as on (01<sup>th</sup> Nov., 2021) : .....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 \_\_\_\_\_

11. 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                     |               |                 |                   |
|                                |               |                 |                   |
|                                |               |                 |                   |
|                                |               |                 |                   |

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.
- 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