

**BIO-DATA**

1. Name of the Post, applied for : \_\_\_\_\_
2. Name of the Project : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 [SURNAME] [NAME] [FATHER/HUSBAND]
4. Mother's Name : \_\_\_\_\_  
 \_\_\_\_\_
- Father's / Husband's Name : \_\_\_\_\_
- Guardian Name & Phone No. : \_\_\_\_\_
5. Address for Correspondence : \_\_\_\_\_  
 with Tel/Mobile No. E-mail ID \_\_\_\_\_  
 \_\_\_\_\_
6. Permanent Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_
8. Whether SC/ST/OBC/General : \_\_\_\_\_ Caste: \_\_\_\_\_
9. Marital Status : Married / Unmarried
10. Educational Qualifications :

SR. NO.	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION

**61193/2024/Community & Family Medicine**

11. Work Experience :

SR. NO.	PERIOD	POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASON FOR LEAVING

12. Employment Exchange Registration details, [if available]: No: \_\_\_\_\_ Exchange: \_\_\_\_\_.

13. If selected what period would you require joining the post: \_\_\_\_\_.

14. Have you ever been declared unfit by a medical Board/Court \_\_\_\_\_ Yes / No \_\_\_\_\_.  
for appointment in any Govt. Service? If yes, details \_\_\_\_\_.

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Date: \_\_\_\_\_ Place: : \_\_\_\_\_

Signature of the Candidate