

Application Form

Advertisement No: AIIMS Bhopal/CFM/Projects/SK/ ICMR Health Literacy/02 dated 04/06/2019

Project Title: “Health literacy among vulnerable socio-economic groups of Madhya Pradesh, readability assessment of IEC materials in public domain and development of optimal evidence-based health information”

Post applied (Tick Appropriate Post):

- i. Field Assistant**
- ii. Data Entry Operator**

- 1. Full Name (in capitals):
- 2. Father’s/Husband’s name:
- 3. Date of birth:
- 4. Gender:
- 5. Nationality:.....
- 6. Do you claim any age relaxation?
- 7. Address for correspondence with Pincode:.....

.....
.....

10 digit Mobile No.:

E-mail:.....

- 8. Permanent address with pincode:

.....
.....
.....

9. Educational/Professional qualifications (12th Class onwards for Research Associate, 10th class onwards for DEO, 8th class onwards for field assistant)

| S. No | Examinations Passed | University or Board | Subjects taken | Year of passing | Percentage of marks | Class/ Division/ Grade |
|-------|---------------------|---------------------|----------------|-----------------|---------------------|------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Application Form

Advertisement No: AIIMS Bhopal/CFM/Projects/SK/ ICMR Health Literacy/02 dated 04/06/2019

10. Details of previous experience: (Current occupation first)

| S. No. | Name of the post held | Employer/Organization and nature of employment | Pay scale/salary drawn | Period | | Nature of duties |
|--------|-----------------------|--|------------------------|--------|----|------------------|
| | | | | From | To | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

11. Any other relevant information you wish to add related to field work experience, etc. (Use separate sheets if necessary)

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage or any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature/appointment shall be liable to be cancellation/termination without any notice or compensation in lieu thereof.

Place:.....

Signature of the candidate

Date:.....