

NATIONAL INSTITUTE OF INDIAN MEDICAL HERITAGE, HYDERABAD

BIO-DATA FORM

Photograph

CANDIDATES APPEARED FOR THE WALK-IN-INTERVIEW FOR THE POST OF _____

Sl. No.	Name & Address of the Candidate with contract no.	Date of Birth	Educational Qualification	% of marks obtained	Reservation Category	Experience	Name of organization if employed	Pay Scale	Total Experience	Publication	Remarks

Any other information: _____

(Signature of the Candidate)

Date: _____

Note: Any false or misleading information will lead to disqualification