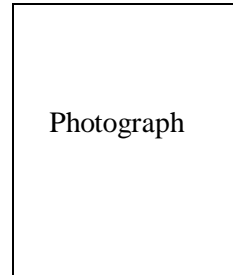


**NATIONAL INSTITUTE OF INDIAN MEDICAL HERITAGE, HYDERABAD**

**BIO-DATA FORM**



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