



अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर
All India Institute of Medical Sciences, Bhubaneswar
(A Statutory Body under the aegis of Ministry of H & FW, Govt. of India)
सिजुआ, पोस्ट : दुमुदुमा, भुवनेश्वर – ७५१ ०१९
Sijua, Post: Dumuduma, Bhubaneswar - 751 019

Advt. NO: AIIMS/BBS/Dean/PDF/6098

Date: 18th, July, 2019

All India Institute of Medical Sciences, Bhubaneswar has been established as an Autonomous Institution and Institute of National Importance through the All India Institute of Medical Sciences (Amendment) Act, 2012. By virtue of this Act, the Institute grants its own medical degrees and other academic distinctions.

AIIMS, Bhubaneswar invites applications with complete bio-data in the prescribed format, as available on the website –<https://www.aiimsbhubaneswar.nic.in> from Indian Citizens for the admission to the **Fellowship in Public Health Nutrition under the Department of Community Medicine** for a maximum tenure period of one(01) year at AIIMS, Bhubaneswar for the Academic session 2019-20. Candidates who are fulfilling all eligibility criteria as per the attachment may send the duly filled and signed hardcopy of the application form along with self-attested photocopies of their proof of date of birth, eligibility qualification mark sheets, degrees, Category Certificates, paper publications, paper presentation, Project sanctioned letter and other relevant testimonials by speed post to the following address:

The HOD,
Department of Community Medicine
All India Institute of Medical Sciences (AIIMS), Bhubaneswar
Academic Building , 3rd Floor
Sijua, Post : Dumuduma, Bhubaneswar (Odisha) – 751 019

Candidates who are working in government agency may intimate to their employer about their submission of application. However, they will submit NOC at the time of Personal Interview Test. **Late and incomplete applications will not be considered.**

The last date of receipt of application	25th August, 2019
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Sd/-
REGISTRAR
AIIMS, Bhubaneswar



All India Institute of Medical Sciences
Department of Community & Family Medicine
Department of Community Medicine & Family Medicine

Fellowship in Public Health Nutrition

Guidelines

1. For the sponsored candidate

Who can sponsor?

Any Government, semi government or Private sector unit can sponsor any eligible candidate who is willing to join the course, the selection of the candidate shall be decided by the criteria laid by AIIMS Bhubaneswar for the fellowship course, AIIMS Bhubaneswar will not have any financial implication for the candidate.

Eligible candidate not working anywhere can self-finance themselves for the course.

2. For the candidate from extramural project.

Any candidate working in any extramural project in related field at AIIMS Bhubaneswar or any other institution can apply for the course with financial support from the project, AIIMS Bhubaneswar will not have any financial implication for the candidate.

3. The candidates have to submit permission letter / NOC from the parent institution to join the fellowship course.
4. The candidates will abide the rules/ fee etc. as laid by AIIMS Bhubaneswar
5. There will be no financial implication on AIIMS Bhubaneswar for the candidate joined in the fellowship course.

[Signature]
18.7.19

[Signature]
18/07/19

[Signature]
18.7.19

[Signature]
18/7/19

Prof. (Dr.) Vikas Bhatia
Prof. & Head
Dept. of Community Medicine & Family Medicine
All India Institute of Medical Sciences

Fellowship in Public Health Nutrition
Department of Community Medicine and Family Medicine
AIIMS Bhubaneswar

Department of Community Medicine and Family Medicine, AIIMS Bhubaneswar is going to start Fellowship in Public Health Nutrition from this 2019 session. This fellowship programme, being started at AIIMS Bhubaneswar is first amongst the medical schools in the country.

Number of seats: 2 (Two)

1. One sponsored candidate and
2. One candidate from extramural project.

Eligibility criteria:

- a) MD in Community Medicine
- b) Master in Public Health or Epidemiology
- c) Doctoral degree in Epidemiology, Nutrition or Health Sciences

Duration: One year

For any further queries please E-mail to:

cmfm@aiimsbhubaneswar.edu.in or

APPLICATION INFORMATION

1.	Advertisement No.		
2.	Application No.		
3.	Post applied for		
4.	Subject of Specialization		

PERSONAL DETAILS

5.	Name of Applicant	
6.	Father/Husband's Name	
7.	Date of Birth	
8.	A Citizen of India by Birth and or by domicile	
9.	Religion	
10.	Gender	
11.	Marital Status	
12.	Reservation Category	
13.	Physically Challenged	
14.	Category of Disability	
15.	Weather a Govt. Employee	
16.	Prior Experience (Research or Clinical)	

CONTACT INFORMATION

17.	Present Address for communication		
18.	Permanent Address (Other than Address of Communication)		
19.	Contact Details	Landline No.	
		Mobile No.	
		Email ID	
		Alternative Email ID	

EDUCATION

Educational Qualification: (Mention only relevant qualification for eligibility for post applied)								
Examination	Subject/Discipline/Speciality	Institution/College	University	Month & Year of Passing Final Examination	Date of Completion of Course	Marks obtained (%)	Duration of Course	No of attempts

EXPERIENCE DETAILS

Details of Post Qualification Experience (Reverse Chronological Order i.e. Recent position listed first)						
Name of the Organisation/ Institute	Name of the Post	Date of Joining	Date of leaving	Weather on Adhoc/Contract/ Regular Basis	Nature of Work (Teaching, Research or Patient care)	CRITICAL CARE COMPONENT
Total Experience:						

MEDICAL COUNCIL REGISTRATION

Sl No	Qualification	Council of Registration	Regn No & Date	Validity
1	MBBS			
	MD/MS			
	MCh/DM			
	Any Other			

PUBLICATION (Please paste your list of publications in Vancouver style in chronological order from recent to past)

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FEES DETAILS

Name	Branch Name	Date	NEFT UTR No.	Amount

DECLARATION

I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice. I _____
 Agree to abide by the terms and conditions for tenure appointment.

Date:
Place:

Signature