

ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय , भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारत सरकार/ Government of India

Post applied for-	SENIOR RESIDENT(NON-ACADEMIC) in Department of	
	Advt. No. AIIMS/DEO/ACAD.SEC./SR/13079	dated: 08.02.2024

For	e Details:	D.D. No	·	/ NEFT De	tails: e			
rce	Details.			Dat	c	<u> </u>		
1	Name (in	BLOCK	letters)				Affix Recent Pa Size Photogr	
2	Father's						duly Self atte	
3	Date of Birth (in Christian era)							
	(III Christi	an era)						
(Pl	ease attach	attested	copy of rele	vant certificate	e)	•		
4	Perma	nont						
	Addr							
5	Addre	ss for						
	correspo	ndence						
6	Mobile N					7. Citizenship		
	Tele.	No.						
8								
	E-mai	il id				9. Gender (M/F)		
			UR	SC	ST	OBC	OPH	EWS
10	Catego	ory						
) the app	ropriate cat	egory and atta	ch attested co	ppy of relevant certific	ate if seeking	
Kes	servation)							

11	Educational Qua	alification		
Sl. No.	Exam Passed	Name of Institute	Year of Passing	Grade/Marks Percentage
1	10 th			
2	12 th			
3				

^{*}Attach separate sheet if required along with attested copies of relevant documents.

12	Professional Qu	Professional Qualification:										
Sl. No.	Professional Education	Year of Final exam	Name of Institute	Name of University	Medals & awards if any	Total percentage obtained/ Pass	No of Attempt					
1												
2												
3												

* Attempt certificate to be submitted. Attach attested copies of relevant documents.

13	Experience Certificate	(Total Years of Experience):
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	Experience as	Name of Institute	From	To
1				
2				
3				

14	Have v	vou ant	eared in	ı inter	view	for	in	AIIMS	Deo	ohar	the	same	nost	Ves	$/N_0$
14.	11avc y	you app	icaicu ii	I IIIICI	VICW	101	ш.	Amno,	Deo	gnai	uic	Same	post	1 62	/110

14. Have you appeared in int	erview for in Amvis, Deognar in	e same post res/No
	Declaration	
affirm that all the statement knowledge and belief and no	ts made in this application are othing has been concealed there	true, complete and correct to the best of my on. In the event of any information being found ne, my candidature shall be liable to be rejected
I further declare that I fulfil experience etc. prescribed for		egarding age limit, educational qualification and
I am not employed in any oth	ner Government Institution/ Autor OR	nomous body.
I am employed with	G	Sovernment Institution/Autonomous body and if

selected, I shall join duty only after acceptance of my resignation from my current employer.

Date:-

Signature of Candidate

Enclosures: -

	Checklist of Certificates	Page No.
1.	Date of Birth and Class X and XII Certificate	
2.	MBBS mark sheets	
3.	MBBS Degree	
4.	MD/DNB mark sheets	
5.	MD/DNB Degree	
6.	Internship completion certificate	
7.	Attempt certificates	
8.	Experience Certificate	
9.	MCI/ SMC registration/ FMGE certificate conducted by NBE (For Foreign graduate)	
10	. No objection certificate from present employer (if applicable)	
11	. SC/ST/OBC/PH certificate issued by the competent authority (if applicable)	
12	. Copies of any other relevant documents (publications, awards, fellowship, patents, books/	
ch	apters authored etc.)	

^{*}Attach attested copies of relevant documents.