

## अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) कल्यानी All India Institute of Medical Sciences (AIIMS) Kalyani (स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक सांविधिकनिकाय) (A Statutory Body under the Aegis of Ministry of Health and Family Welfare, GOI) राष्ट्रीय राजमार्ग – 34, बसन्तपुर, सागूना, कल्याणी, ज़िला – नदिया, पश्चिम बंगाल - 741245

## NH-34 Connector, Basantapur, Saguna, Kalyani, District Nadia, West Bengal 741245 APPLICATION FORM FOR WALK IN INTEVIEW FOR THE POST OF JUNIOR RESIDENTS (Non-Academic)

Advertisement No.													Please a recent p size pho	assport		
Personal Details (in Block Letters)														_		
1. Full Name																
2. Father's /Husband's Name																
3. Address for Corresponde nce																
4. Permanent Address																
5. E-mail Id (In capital letters)																
6. Phone/Cell No.1 Phone/Cell No.2																
Land Line No.																
7. Date of Birth (Please attach document for evidence)		D	D	M	M	Y	Y	Y	Y	8. Nationality 9. Name of the State to which you belong						
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12. If Physically Challenged (OPH Category) Percentage Disability																			
13. Details of Educational Qualifications																			
Examination	U	nal Qualifications University/Board/Institution/Council of examination											nth, Y	Year of	•	No. of Extra Attempts			
Secondary																			
Senior Secondary(12																			
MBBS																			
Dotails of work	OVE	orio	noo																
Details of work experience:  14. Name of Period of												Des	esig Nature		Total		Reason for		
the Organizatio		Service											n atio	tion	of Duties		Monthly Emolumen		leaving Services
n				FR OM				T O							perform ed		ts		
	D	D	M	M	Y	Y	D	D	M	M	Y	Y							
15. Please b	ring	origi	inal	and	two	sets	of s	self	- atte	ested	pho	toco	pies	of re	lated	docum	ents at th	ne time v	valk in interview.
16. Details	of A	Appli	icati	on F	ee:	Den	nano	d dra	aft N	o				Γ	Date:_			_Amoun	t Rs
16. Details of Application Fee: Demand draft NoDate:Amount Rs  17. 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																			
Place:																			
Date:																Sig	nature o	f the Ca	andidate

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11. Category

OBC