



# 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

## Application Form

Post applied	..... Under advt. No.....
--------------	---------------------------

1.	Name (in BLOCK letters)	Affix recent passport size photo
2.	Father's Name	
3.	Date of Birth	
<i>(Please attach an attested copy of the relevant certificate)</i>		

4.	Permanent Address		
5.	Address for correspondence		
6.	Mobile No. / Tele. No.	7. Citizenship	
7.	E-mail id	9. Gender (M/F)	

8.	Educational Qualification			
	Exam Passed	Name of Institute	Year of Passing	Grade/Percentage
1	10th			
2	12th			

\*Attach a separate sheet with attested copies of relevant documents if required.

Star



# 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

9. Details of education					
S.No	Professional Education	Year of final exam	Name of the institute/university	Percentage/pass	No. of attempts

Attach attested copies of relevant documents.

10. Experience					
	Experience as	Name of Institute	From (date)	To (date)	Remarks
1					
2					
3					

\*Attach attested copies of relevant documents.

### Declaration

I, Dr/Mr./Mrs./Miss..... S/o/ D/o, ..... do hereby declare and affirm that all the statements made in this application are accurate, complete, and correct to the best of my knowledge and belief, and nothing has been concealed thereon. If any information is found to be false or incorrect or ineligibility detected at any point, my candidature shall be liable to be rejected without any notice. I further declare that I fulfil all the eligibility conditions prescribed for the post regarding age limit, educational qualification, experience, etc. I am not employed in any other Government Institution/ Autonomous body, or I am employed with ..... Government Institution/ Autonomous body, and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Signature of candidate with Date

A



# 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

<b>Checklist of Certificates</b>	
1. Date of Birth proof (Class X Certificate)	
2. 2 recent passport size photograph (1 affixed on the application form)	
2. Graduation (MBBS) Mark Sheets (as applicable)	
3. Graduation Degree (MBBS) Certificate (as applicable)	
4. Post-Graduation Mark Sheets (as applicable)	
5. Post-Graduation Degree Certificate (as applicable)	
7. Registration certificate from MCI/ State Medical Council/ NMC	
8. NOC from the present employer (If employed in a Govt or Public sector)	
10. Experience Certificate (if any)	
11. Photo Identity Proof (Aadhar/ Voter ID Card/ Driving License/ Passport)	

*Asu*