

Annexure I

**All India Institute of Medical Sciences, Mangalagiri
(Andhra Pradesh)**

Application Form for the post of Senior Resident/Senior Demonstrators at AIIMS, Mangalagiri

Name of the Post : _____

Department : _____

Date of Birth :

| | | |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

Age (as on crucial date): _____ (Years, Months, Days)

Affix Passport
Size self
attested
colour
Photograph
here.

Category of the candidate: _____

Applied under Category: UR [] EWS [] OBC [] SC [] ST [] PWD []

Name : _____

AADHAR No: _____ Gender: _____

Correspondence Address: _____

Mobile No.: _____ Email id: _____

Educational qualification:

| Name of the Examination | Subject/ Discipline/ Speciality | University/ Institute/ College | Date of completion of course | Month & Year of Passing final examination | Marks obtained | Total Marks | Duration taken to complete the Course |
|--------------------------------|---------------------------------------|--------------------------------------|------------------------------------|--|-------------------|----------------|---|
| MBBS / M.Sc | | | | | | | |
| MD/MS/DNB/ DM/ M.Ch/Ph.D | | | | | | | |
| Any other Qualification (s) | | | | | | | |

Permanent MCI/DMC /State Registration No.: _____

Name of the Medical Council: _____

Declaration:

- PG medical degree completed and results declared before/on the crucial date: Yes [] No []
- PG medical degree from recognized medical college/Institute. Yes [] No []

Details of FEE Paid: Amount _____

UTR/Transaction ID: _____

Date _____

- (Proof of fee payment to be scanned and emailed)
- Please note that if UTR is available, UTR should be written in place on Transaction ID

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that if any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place

Date

Signature of the Candidate

Name of the Candidate in block letters

For office use only:

Comments of the screening committee:

1. Eligible/Ineligible/ Provisionally Eligible: _____

2. If ineligible the reasons thereof:
- Age
 - Educational Qualification
 - Incomplete Application
 - Non submission of fee
 - Others

3. Remarks, if any

Signature:

All India Institute of Medical Sciences, Mangalagiri (Andhra Pradesh)

Proforma/Check list for the Post of Senior Resident/Senior Demonstrator to be filled and submitted during Document verification

Name of the Candidate: _____ Application No. _____
 Father's Name: _____ Mobile Number: +91 _____ Name
 of the Department _____ Date of Birth: _____ Category: _____

Qualifications

| S.No | Course/ Qualification | Name of College/Institute (with year of Passing) | Total Extra Attempt | Total Marks | Marks Obtained | % age |
|------|------------------------------------|---|------------------------|-------------|-------------------|-------|
| 1. | M.B.B.S/ M.Sc | | | | | |
| 2. | MD/MS/DNB | | | | | |
| 3. | D.M/ M.Ch/ Ph.D | | | | | |
| 4. | Extra Qualifications, if any | | | | | |

Total Experience: _____ Years _____ Months

Research Publications (in Nos.): Indexed National Journal _____ Indexed International Journal _____

List of best 3 publications in the last 3 years in Vancouver style

Declaration

I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In case of any information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of the candidate with date

(For office use only)

Documents to be Attached in serial order to submit during document verification (1 set of Photocopy):

| | | |
|-----|---|--------|
| 1. | Original Application Form filled by the candidate as per the Advertisement (Annexure 1) | Yes/No |
| 2. | Filled in Proforma/Checklist in the given format | Yes/No |
| 3. | Identity Proof (Preferably Aadhar Card) | Yes/No |
| 4. | Certificate showing Date of Birth. (10 th Certificate/ Birth Certificate). | Yes/No |
| 5. | MBBS Marksheets & Certificates. | Yes/No |
| 6. | MD/MS/DNB/DM/M.Ch. Marksheets & Certificates | Yes/No |
| 7. | Attempt Certificate (For MBBS and Post Graduation) | Yes/No |
| 8. | FMGE Certificate conducted by NBE (For Foreign Graduate) | Yes/No |
| 9. | Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State | Yes/No |
| 10. | No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee | Yes/No |
| 11. | Experience Certificate. | Yes/No |
| 12. | Reservation category Certificate (EWS/OBC/SC/ST/PH) | Yes/No |
| 13. | Publications | Yes/No |
| 14. | Any other relevant documents. | Yes/No |

Final Remarks: _____

Verified by

Name with Signature