

All India Institute of Medical Sciences Bhopal Saket Nagar, Bhopal (M.P.) - 462020

<u>APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT (Non-Academic)</u>

| | | Affix you recent | | | | |
|---------|--|---------------------------|--|--|--|--|
| Advt. N | No.: AIIMS-Academic/Bhopal/2019/05 dated: 13/09/2019 | coloured passport | | | | |
| 1. | Name (in Block Letters) | Photograph with signature | | | | |
| 2. | Father's/Husband's Name | | | | | |
| 3. | Mother's Name | | | | | |
| 4. | Address (Permanent) | | | | | |
| | (Address proof to be enclosed) | | | | | |
| 5. | 5. Address for correspondence (in Block Letters) | | | | | |
| | | | | | | |
| | Contact NoMob. No | | | | | |
| | E-mail (In Block Letters) | | | | | |
| 6. | Date of Birth: (dd/m | m/yy) | | | | |
| 7. | Category: (GEN/SC/ST/OBC/PwD-OPH) | | | | | |
| 8. | Age as on date of application: | | | | | |
| | | | | | | |
| | | d/mm/yy) | | | | |
| 9. | Gender · M/F | | | | | |

| | Education | onal/ Profes | ssional Qualificatio | n: | | | | | |
|---|------------------------|--------------|---|--------------------------|----------------------|----------------|--|--|--|
| | Degree/ | Exam. | Name of Board/ University | Year of Passing | Subject | Percentage/Di | | | |
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| | Work Experience: | | | | | | | | |
| | Sr. No Name of Section | | Department/ | Name of the post held | Date of Joining | Date of Leavin | | | |
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| | | | | | | | | | |
| | Whether | MBBS//N | MD/MS degree is re | ecognized by Medica | al Council of India: | Yes/No | | | |
| | (Attache | ed the copy | with State Medical of registration) ration No | - | Medical Council: Y | Yes/No | | | |
| |] | B) State in | n which registered. | | | | | | |
| | | | | | | | | | |
| F | ee Details | : D. | D. No | Am | nount (in Rs.) | | | | |

DECLARATION

I hereby declare, that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect my candidature is liable to be cancelled/ terminated. I will have no claim for absorption after termination/ completion of tenure contract. I shall abide by terms & condition as prescribed. In the event of ineligibility being detected before or after the selection procedure, action can be taken against me under the relevant rules/instruction and hereby undertake to abide by them.

| Date: | (Signature of Candidate) |
|--------|--------------------------|
| DI | M |
| Place: | Name: |

Enclosure Checklist:

| e Checklist. | |
|---|---|
| Copy of the Certificate | Please Tick (✓) |
| Class X & XII Mark sheet/certificate for Date of Birth | |
| MBBS/ Mark Sheet & Certificate | |
| Internship Completion Certificate | |
| MD/MS/ DNB/ Mark sheet | |
| State / MCI registration | |
| SC/ST/OBC/PH certificate issued by the competent Authority (If applicable) | |
| Attempt Certificates | |
| Copies of any other relevant documents | |
| | Copy of the Certificate Class X & XII Mark sheet/certificate for Date of Birth MBBS/ Mark Sheet & Certificate Internship Completion Certificate MD/MS/ DNB/ Mark sheet State / MCI registration SC/ST/OBC/PH certificate issued by the competent Authority (If applicable) Attempt Certificates |
