

All India Institute of Medical Sciences, Bhopal Saket Nagar, Bhopal 462020

ANNEXURE -A

APPLICATION FORM FOR THE POST OFJUNIOR RESIDENT (NON-ACADEMIC)

Affix you recent coloured passport size photograph

1.	Advt. No. AIIMS, Bhopal	J/JR (Non-A	cad.)/20	025/01	dated	22.01.	2025		pas
2.	Post applied for Junior	Resident	(Non-A	Acade	mic)				
3.	Category applied again	ıst:							
4.	Name (in Block Letters)							
5.	Father's/Husband's Na	me							
6.	Mother's Name								
7.	Address (Permanent)								
						(Add	ress pr	oof to be end	losed)
8.	Address for correspond	dence(in ca	apital le	etter)					
	Mobile No								
	E-mail(in capitalletter).								
9.	Date of Birth:			1	1			7/11/ / 3	
								(dd/mm/yy))
10.	Category: (GEN/ EWS/	SC/ST/OB	C/PwD	-					
	OPH)								
11.	Age as on date of Inte	rview:							
								(dd/mm	ı/yy)
12.	Gender : M/F								

13.	Educati	Educational/ Professional Qualification:								
	Degree/Exam. Na		Name of Board/		Year of	Subject		Percentage/Divi		
			University		Passing			sion		
14.	Work Experience:									
	Sr.	Sr. Name of Depar		eartment/ Name of the		Date of Date		of Leaving		
	No	No Section		ро	st held	Joining				
15. 16.	5 ,									
		B) State in	n which registere	d						
16.						mount (in Rs.)				
Date	e:					(Signature	e of Ca	andidate)		

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)
Place:	Name:

Documents required at the time of interview in original and one set photocopy:

SI.No.	Copy of the Certificate	Please Tick
1	Class X certificate for Date of Birth	
2	MBBS Mark Sheet &/ Degree / Certificate	
3	Internship Completion Certificate	
5	State/NMC/MCI registration	
6	EWS /SC/ST/OBC/PH certificate issued by the competent Authority (If applicable)	
7	Attempt Certificates	
8	Photo Identity Proof	
9	NOC (if applicable)	
10	Photographs 5 Nos	
11	Copies of any other relevant documents	