

Ref. Advertisement No. & Date:

## अखिल भारतीय आयुर्विज्ञान संस्थान ALL INDIA INSTITUTE OF MEDICAL SCIENCES साकेत नगर, भोपाल, (मध्य प्रदेश) — 462020

Saket Nagar, Bhopal (M.P.) – 462020

## APPLICATION FORM FOR MEDICAL OFFICER (GENERAL DUTY) AT AIIMS, BHOPAL ON **CONTRACTUAL BASIS**

App	olication For:		
Designation  Department		Medical Officer (General Duty)	Affix self attested colour
		Trauma & Emergency Medicine	passport size photograph
	Personal Informa	tion	
1.	Name		
2.	Father Name		
3.	Mother Name		
4.	Gender		
5.	Category for ap		
6.	Whether belong	ing to PwBD	
7.	Date of Birth		
8.	Nationality		
9.	Religion		
10.	Marital Status		
11.	Spouse Name		
12.	Contact Numbe		
13.	Alternate Conta	ct Number	
14.	Email		
15.		No. and Validity	
16.	Communication	Address	
17.	City		
18.	District		
19.	State		
20.	Country		
21.	Police Station		
22.	Pin Code		
23.	Permanent Add	ress	

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		Graduation Details										
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	ired)	Designation	NI-4	T	Damile /	Dati	Data	Takal E
Sr. No.	Organization Name & City	Designation and Pay Scale	Nature of Work	Type of Organization	Regular/ Contractual	Date (From)	Date (To)	Total Experience
(8) P	ublication List ir	\ \vancouver sty	/le (Prese	│ nt to Past)-with	in 500 words			
	Awards							
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(11). [	NOC (No Objection Certification)					
I am n	ot serving in any Govt. Organization, so I do not need to submit NOC.					
I am serving in a Govt. Organization and I will submit NOC.						
I am s	erving in a Govt. Organization and I will submit Vigilance Certificate.					
I have	applied for NOC and/or Vigilance Certificate I will bring it at the time of Interview.					
(12). [	Documents enclosed					
1	DOB/Xth certificate, if applicable					
2	Category Certificate (OBC/SC/ST), if applicable					
3	Physically Handicapped Certificate, if applicable					
4	UG Degree Certificate					
5	UG Last semester mark sheet					
6	PG Degree Certificate					
7	PG Last semester mark sheet					
8	PHD Degree/Super specialisation Certificate					
9	Work/Teaching/Administrative Experience Certificate(s)					
10	No Objection Certificate, if applicable					
11	Vigilance Certificate, if applicable					
12	EWS Certificate (Annexure-I), if applicable	_				
	Total Enclosure(s)					

(13). Details of Application fee Paid						
Demand Draft No.	Issuing Bank/Branch	Amount				

## **Declaration**

I hereby declare that all the information stated above in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, I hereby convey my consent for cancellation of my candidature.

Date:	
Place.	

**Signature of Candidate** 

Name of the Candidate