



All India Institute of Medical Sciences (AIIMS) Bhubaneswar
 (A statutory body under the aegis of Ministry of Health and Family Welfare, GOI)
Sijua, Post :Dumuduma, Bhubaneswar (Odisha) – 751 019
 Web site: www.aiimsbhubaneswar.edu.in

APPLICATION FORM FOR ONLINE INTERVIEW FOR THE POST OF SENIOR RESIDENT

Advertisement No.	AIIMS/BBS/Dean/SR/49-A/9798 dated 29-04-2020	Please attach recent passport size photograph taken within last two months.
Name of the Department	SURGICAL GASTROENTEROLOGY	

Personal Details (in Block Letters)

1. Full Name																				
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Father's /Husband's Name																				
-----------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Address for Correspondence																				
-------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Permanent Address																				
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. E-mail Id (In capital letters)																				
6. Phone/Cell No.1																				
Phone/Cell No.2																				
Land Line No.																				

7. Date of Birth (Please attach document for evidence)	D	D	M	M	Y	Y	Y	Y	8. Nationality	
									9. Name of the State to which you belong	
									10. Gender (Male / Female)	

11. Category	UR	OBC	SC	ST
--------------	----	-----	----	----

12. If Physically Challenged (OPH Category) Percentage Disability	
---	--

13. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 th)			
Senior Secondary(12 th)			
MBBS			
MD/MS/MCh/DNB			

Details of work experience:

14. Name of the Organisation	Period of Service												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for leaving Services
	FROM						TO									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

15. Bring the original and 02 sets of attested photocopies of related documents at the time joining.

16. Details of Application Fee: NEFT UTR No. _____ Date _____ Amount
Rs. _____.

17. I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/ services are liable to be terminated without any notice. I _____ agree to abide by the terms and conditions of contractual appointment.

Place:

Date:

Signature of the Candidate