

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR**

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(An Institution of National Importance under Ministry of Health & Family Welfare)

भारत सरकार/ Government of India

Post applied for- **JUNIOR RESIDENT (NON-ACADEMIC)**

Fee Details:	D.D. No. _____ / NEFT Details:- _____ Bank name _____	
	Date _____	
1	Name (in BLOCK letters)	Affix Recent Passport Size Photograph duly Self attested
2	Father's Name	
3	Date of Birth (in Christian era)	

(Please attach attested copy of relevant certificate)

4	Permanent Address						
5	Address for correspondence						
6	Mobile No. / Tele. No.	7. Citizenship					
8	E-mail id	9. Gender (M/F)					
10	Category	UR	SC	ST	OBC	OPH	EWS

(Please tick (✓) the appropriate category and attach attested copy of relevant certificate if seeking Reservation)

11	Educational Qualification			
Sl. No.	Exam Passed	Name of Institute	Year of Passing	Grade/Marks Percentage
1	10 th			
2	12 th			
3				

***Attach separate sheet if required along with attested copies of relevant documents.**

12	Professional Qualification						
Sl. No.	Professional Education	Year of Final exam	Name of Institute	Name of University	Medals & awards if any	Total percentage obtained/ Pass	No of Attempt
1							
2							
3							

*** Attempt certificate to be submitted. Attach attested copies of relevant documents.**



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारत सरकार/ Government of India

13	Experience Certificate			
	Experience as	Name of Institute	From to	Remarks
1				
2				
3				

*Attach attested copies of relevant documents.

Declaration

I Dr..... S/o/ D/o do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice.

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post.

I am not employed in any other Government Institution/ Autonomous body.

OR

I am employed with Government Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Date:-

Signature of Candidate

Enclosures: -

Checklist of Certificates	
1. Date of Birth and Class X and XII Certificate	
2. MBBS Pass Certificate	
3. MBBS Mark Sheets	
4. MBBS Attempt Certificate	
5. MBBS Internship Completion Certificate	
6. MBBS Degree	
7. Medical Registration certificate from MCI/ State Medical Council	
8. NOC from the present employer (If employed)	
9. Certificate of SC/ST/OBC (Non-Creamy Layer)/OPH/EWS from the competent authority	
10. Experience Certificate (if any)	