ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR (स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(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

Doct applied for	JUNIOR RESIDENT (NON-ACADEMIC)	
Post applied for-	Advt. No. AIIMS/DEO/ACAD.SEC./JR/722	Dated: 09.10.2024

Fee I	Details:	D.D. No		Bank name _		Date		
1	Name (in B	LOCK letters)				Affix Recent Pas	
2	Father's Na	ame	Size Photograph duly Self attested					
3	Date of Bir						tilliv tien mies	
	(in Christia	n era)						
(Plea	se attach atte	sted copy of re	levant c	ertificate)				
4								
	Permai							
	Addre	SS						
5								
	Address	-						
	correspon	dence						
6	Mobile No	o. /				7. Citizenship		
	Tele. N	0.						
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	E-mail	id				9. Gender (M/F))	
10	Catego	y t	J R	SC	ST	OBC	ОРН	EW
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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 Qua	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 Certific	cate (Total Years of Experience):		
	Experience as	Name of Institute	From	To
1				
2				
3				

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14.	nave you	u appeared	Ш	interview	IOI	Ш	AIIIVIS,	Deognar	une	same	post	1 es	/ IN	ıO

	Declaration	
that all the statements mad and nothing has been cond	de in this application are true, complete and	do hereby declare and affirm correct to the best of my knowledge and belief ion being found false or incorrect or ineligibility acted without any notice.
I further declare that I fulfi etc. prescribed for the pos		ge limit, educational qualification and experience
I am not employed in any	other Government Institution/ Autonomous	s body.
	OR	
I am employed with	Governme	ent Institution/Autonomous body and if selected,

I shall join duty only after acceptance of my resignation from my current employer.

Signature of Candidate

Date:-

Checklist of Certificates	
	Page No.
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 Certificate	
7. Medical Registration certificate from MCI/ State Medical Council registration/ FMGE certificate conducted by NBE (For Foreign graduate)	
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)	

^{*}Attach attested copies of relevant documents.