

## 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 fo			NON-ACADE D/ACAD.SEC.	of Dated: 12.08.2025			
Fee	e Details:	D.D. No		FT Details: Date		Bank name		
1 Name (in BLOCK letters) 2 Father's Name 3 Date of Birth (in Christian era)						Affix Recent Pas Size Photogra duly Self attes	pĥ	
(Pl	Po	ermanent	levant cei	rtificate)				
5	A	Address ddress for respondence						
6	Mobile N	No. / Tele. No.				7. Citizenship		
8	E	-mail id				9. Gender (M/F	F)	
10	Cate	gory Belongs to gory Applied for	UR	SC	ST	OBC	ОРН	EWS
,	ease tick (\ servation)	) the appropriate co	ategory ai	nd attach attesi	ted copy	of relevant certij	ficate if seeking	

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

<sup>\*</sup>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									

<sup>\*</sup> Attempt certificate to be submitted. Attach attested copies of relevant documents.



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Experience Certificate (Total Years of Experience):						
Experience as	Name of Institute	From	To			
		Experience as Name of Institute	Experience as Name of Institute From			

14.	Have you	ı appeared	in interview	for in A	AIIMS,	Deoghar	the same	post	Yes/l	Vo
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14. Have you appeared in interview for in	n AIIMS, Deoghar the s	same post Yes/No
	Declaration	
affirm that all the statements made in knowledge and belief and nothing has b	this application are to been concealed thereon	
I further declare that I fulfil all the cond experience etc. prescribed for the post.	litions of eligibility reg	arding age limit, educational qualification and
I am not employed in any other Government	nent Institution/ Autono <b>OR</b>	mous body.
I am employed withselected, I shall join duty only after accept		vernment Institution/Autonomous body and if n from my current employer.

#### Date:-

### **Signature of Candidate**

#### **Enclosures: -**

	Checklist of Certificates	Page No.
1.	Date of Birth and Class X and XII Certificate	
2.	MBBS mark sheets	
3.	MBBS Degree	
4.	MD/DNB mark sheets	
5.	MD/DNB Degree	
6.	Internship completion certificate	
7.	Attempt certificates	
8.	Experience Certificate	
9.	MCI/ SMC registration/ FMGE certificate conducted by NBE (For Foreign graduate)	
10	. No objection certificate from present employer (if applicable)	
11	. SC/ST/OBC/PH certificate issued by the competent authority (if applicable)	
12	. Copies of any other relevant documents (publications, awards, fellowship, patents, books/	
ch	apters authored etc.)	

<sup>\*</sup>Attach attested copies of relevant documents.