

# 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./		in Department o	Dated: 1	4.10.	2025
Fee	e Details:	D.D. No	/ NE	FT Details: Date		Bank name			
1	Name (in	BLOCK letters)					Affix Recent		
2	Father's	Name					Size Photo duly Self a		
3	Date of Birth (in Christian era)						ŕ		
(Pl	ease attach	attested copy of re	levant cei	rtificate)					
4		ermanent Address							
5		ddress for espondence							
6	Mobile N T	No. / 'ele. No.				7. Citizenship			
8									
		-mail id				9. Gender (M/I	/	<del></del>	
10		egory	UR	SC	ST	OBC	OP	H	EWS
		gory Belongs to gory Applied for						-	
,	ease tick (\ ervation)	) the appropriate co	ategory a	nd attach attest	ed copy	of relevant certij	icate if seekin	g	

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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13	<b>Experience Certif</b>	icate (Total Years of Experience):		
	Experience as	Name of Institute	From	To
1				
2				
3				
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14. Have you appeared in interview for in AIIMS, Deoghar the same post Ye	4.	Have you	ı appeared i	in int	erview:	for in	AIIMS.	. Deoghar	the same	post	Yes/		١	J	0
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## **Declaration**

I Dr	S/o/ D/o	do hereby declare and
	ents made in this application are true, comple	•
and belief and nothing ha	s been concealed thereon. In the event of any	information being found false or incorrect
or ineligibility detected a	t any point of time, my candidature shall be	liable to be rejected without any notice.

I further declare that I fulfil 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

## Date:-

## **Signature of Candidate**

### **Enclosures: -**

Checklist of Certificates	Page No.
1. Date of Birth and Class X and XII Certificate	
2. MBBS/BDS mark sheets	
3. MBBS/BDS Degree	
4. MD/DNB/MDS mark sheets	
5. MD/DNB/MDS 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/	
chapters authored etc.)	

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