

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/BDS			
Any Other			

14. Work Experience (if any)																
Name of Organization	Period of Service From												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. Publication	Index National Journal	Index International Journal

16. If selected, specify the minimum required time to join	
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Bring the original and attested photocopies of related documents and publications at the time of Interview.

17. I hereby declare that the 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 for contractual appointment.

Place: AIIMS, Gorakhpur (UP)

Date:

Signature of the Candidate



ALL INDIA INSTITUTE OF MEDICAL SCIENCES GORAKHPUR (Uttar Pradesh)

Website: <http://www.aiimsgorakhpur.edu.in>

Check list for the Post of Non-Academic Junior Resident (Tick: -Medical Dental)

Name of the Candidate: _____

Father's Name: _____

Category Applied _____ PwBD (Yes/No) _____ Date of Birth: _____

Qualifications

S. No.	Course/Qualification	Name of College/Institute (With year of passing)	Total Extra Attempt	Total Marks	Marks Obtained	% Percentage
1.	MBBS/BDS					
2.	Extra Qualification (If any)					

Total Experience: _____ Year's _____ Months

Research Publications (in Nos.): Index National Journal _____ Index International Journal _____

Declaration

I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In case of any Information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of the Candidate with date

Documents (Scan) Attached

S. No.	Documents	Availability	Remarks by DVC
1.	Identity Proof (PAN Card, Passport, Driving License, Unique ID card, Voter Card etc.)	Yes/No	
2.	Address Proof (Passport, Driving License, Voter Card, Aadhar Card etc.)	Yes/No	
3.	Certificate showing Date of Birth. (10 th Certificate/ Birth Certificate)	Yes/No	
4.	MBBS/BDS Marks sheet	Yes/No	
5.	Internship completion certificate	Yes/No	
6.	Registration with Medical/Dental Council of India or State Medical/Dental Council	Yes/No	
7.	Attempt certificate (MBBS/BDS)/Provisional	Yes/No	
8.	FMGE certificate conducted by NBE (For foreign graduate)	Yes/No	
9.	No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee	Yes/No	
10.	Experience Certificate (Copy of completion of Internship)	Yes/No	
11.	Reservation category Certificate (OBC*/SC/ST/PH) (*Candidate should belong to non-creamy layer of Central List of OBC)	Yes/No	
12.	Publications.	Yes/No	
13.	Payment Fee Receipt & Transaction No.....	Yes/No	
14.	Any other relevant documents.	Yes/No	

Final Remarks _____

Verified By DV Committee

Name with Signature