



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES GORAKHPUR (Uttar Pradesh)

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

Advertisement No.	<b>AIIMS/GKP/RECT/SR/2024-25/48</b>	Please attached Recent Passport Size Photo
Name of the Department applied for		
Name of the Post	<b>Senior Resident (Medical/Dental)</b>	

### Personal Details (IN CAPITAL LETTERS)

<b>1. Full Name</b>	
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<b>2. Father's Name</b>	
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<b>3. Address for correspondence with PIN code number</b>	
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<b>4. Permanent Address with PIN code number</b>	
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<b>5. E-Mail Id (In Block Letter Only)</b>	
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<b>6. Phone / Cell No.</b>	+ 9 1
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<b>7. Alternate Number</b>	+ 9 1
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<b>8. Date of Birth</b> (Please Attach Document for Evidence)	D	D	M	M	Y	Y	Y	Y	<b>9. Nationality</b>	
									<b>10. State to which you belong</b>	

<b>11. If Physically Challenged Candidate</b>	<b>Type of Handicap</b>	<b>Percentage Disability:</b> .....
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<b>12. Category (Please select one only)</b>	UR	EWS	OBC	SC	ST

13. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )			
Senior Secondary (12 <sup>th</sup> )			
MBBS/BDS/M.Sc.			
MD/MS/DNB/MDS/Ph.D.			
DM/DNB/M. Ch			
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. Fee Details:	
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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**