

## **ALL INDIA INSTITUTE OF MEDICAL SCIENCES GORAKHPUR (Uttar Pradesh)** Website: <u>http://www.aiimsgorakhpur.edu.in</u>

Advertisement No.	AIIMS/GKP/RECT/SR/2023-24/85	
Name of the Department applied for		Please attached Recent Passport Size Photo
Name of the Post	Senior Resident (Medical/Dental)	

## **Personal Details (IN CAPITAL LETTERS)**

1. Full Name																			
2. Father's Name																			
3. Address for correspondence with PIN code number																			
4. Permanent Address with PIN code number																			
5. E-Mail Id (In Block Letter Only)																			
6. Phone / Cell No.		+	9	1															
7. Alternate Number		+	9	1															
8. Date of Birth D   (Please Attach Document for Evidence) I			D	М	M	Y	Y	Y	Y	10	Nati 0. Sta elong	ate t			ı yo	u		 	
11. If Physically Challenged Candidate	d Typ				of H	land	dica	p			Pe	rcer	ntag	e Di	sab	ilit	y:	 	 

12. Category (Please select	UR	EWS	OBC	SC	ST
one only)					

13. Details of Educational Qualifications							
Examination Passed	University/Board/Institution/Council of Examination	Month, Yearof 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 Serv From						vic	e F	ron T				Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for Leaving Services
	D	D	М	M	Y	Y	D	D	М	M	Y	Y				

15. Publication	Index National Journal	Index International Journal

16Fee Details:	

## Bring the original and attested photocopies of related documents and publications at the time of interview.

Place: AIIMS, Gorakhpur (UP) Date: .....

Signature of the Candidate