

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/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



ALL INDIA INSTITUTE OF MEDICAL SCIENCES GORAKHPUR (Uttar Pradesh)

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

Check list for the Post of Non-Academic Senior Resident

Name of the Candidate: _____

Father's Name: _____

Department _____ Category _____ 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.	M.B.B.S./M.Sc./BDS					
2.	MD/MS/DNB/Ph.D./MDS					
3.	DM/M.Ch					
4.	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 Attached:

Sl. No.	Document Proof	(Check by DVC Committee)	Remark
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.	10 th and 12 th Marksheets and Certificate	Yes/No	
4.	Certificate showing Date of Birth. (10 th Certificate/ Birth Certificate).	Yes/No	
5.	MBBS/M.Sc./BDS Marksheets & Certificates.	Yes/No	
6.	MD/MS/DNB/DM/M.Ch./Ph. D/MDS Marksheets & Certificates.	Yes/No	
7.	Internship Completion Certificate.	Yes/No	
8.	Attempt Certificate.	Yes/No	
9.	FMGE Certificate conducted by NBE (For foreign graduate)	Yes/No	
10.	Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State	Yes/No	
11.	No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee	Yes/No	
12.	Experience Certificate (If have).	Yes/No	
13.	Reservation Category Certificate (OBC*/SC/ST/PH) (*Candidate should belong to non-creamy layer of Central List of OBC).	Yes/No	
14.	Publications.	Yes/No	
15.	Fees Receipt attached & Transaction Number mentioned	Yes/No	
16.	Any other relevant documents.	Yes/No	

Final Remarks _____

**Verified By (DVC Committee)
Name with Signature**