

APPLICATION FORM FOR WALK IN INTEVIEW FOR THE POST OF JUNIOR RESIDENTS, AIIMS, GUWAHATI

Advertiser lent No.		Please attach recent passport size photo.
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Personal Details (in Block Letters)

1. Full Name									
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2. Father's /Husband's Name									
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3. Address for Correspondence									

4. Permanent Address									

5. E-mail.Id (In capital letters)	
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6. Phone/Cell No.1									
Phone/Cell No.2									
Land Line No.									

7. Date of birth (Please attach document for evidence)	D	D	M	M	Y	Y	Y	Y	8. Nationality	
									9. Name of the State to which you belong	
									10. Gender (Male / Female)	

11. Category	UR	OBC	SC	ST

12. If Physically Challenged (OPH Category) Percentage Disability

13. Details of Educational Qualifications

Examination Passed	University/ Board/ Institution/ Council of Examination	Marks (%)	Month, Year of Passing	No. of Extra Attempts
Secondary (10 th)				

Senior Secondary (12 th)					
MBBS/BDS		1 st MBBS			
		2 nd MBBS			
		3 rd MBBS Part-I			
		3 rd MBBS Part-II			
FMGE (if applicable)					

14. NMC/State Medical Council Registration Number:

15. Details of work experience:

15. Name of the Organization	Period of Service												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for leaving Services
	From						TO									
	o	o	M	M	Y	Y	D	D	M	M	Y	Y				

16. Internship completion/Yes No

If yes from (dd/mm/yyyy) to (dd/mm/Yyyy)

17. **Please bring all the originals as supporting documents for all the items filled in the application form** and 02 sets of attested photocopies of related documents at the time of interview..

18. I hereby declare that 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 of contractual appointment.

Signature Of the candidate