



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) कल्याणी  
All India Institute of Medical Sciences (AIIMS) Kalyani  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक सांविधिकनिकाय)  
(A Statutory Body under the Aegis of Ministry of Health and Family Welfare, GOI)  
राष्ट्रीय राजमार्ग - 34, बसन्तपुर, सागूना, कल्याणी, ज़िला - नदिया, पश्चिम बंगाल - 741245  
NH-34 Connector, Basantapur, Saguna, Kalyani, District Nadia, West Bengal 741245

**APPLICATION FORM FOR WALK IN INTEVIEW FOR THE POST OF JUNIOR RESIDENTs(Non-Academic)**

<b>Advertisement No.</b>		<b>Please attach recent passport size photo.</b>
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**Personal Details (in Block Letters)**

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

<b>4. Permanent Address</b>																			

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

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

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	Month, Year of Passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )			
Senior Secondary(12 <sup>th</sup> )			
MBBS			

**Details of work experience:**

14. Name of the Organization	Period of Service												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for leaving Services
	FR OM						T O									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

15. Please bring original and two sets of self - attested photocopies of related documents at the time walk in interview.

16. Details of Application Fee: Demand draft No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount Rs. \_\_\_\_\_.

17. 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.

Place:

Date:

**Signature of the Candidate**