

# APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT (NON - ACADEMIC)

(Annexure-I)

#### Personal Details (in Block Letters)

/t.No: AIIMS/MG/Admin/ Re	crui	tmen	t/03/	2023	/JR								Please	e atta	ached
UNIOR RESIDENT (NON – ACADEMIC) :										(Tick	✓) recent size pl				
Category of Post:		_ (UF	R/OB	SC/E	WS/	SC/S	ST)								
1. Full Name															
2. Father's/ Husband's Name															
3. Address for Correspondence															
3. Permanent Address															
5. E-mail ID (In capital letters) 6. Phone/Mobile													I		 
Phone/ Mobile															
Land Line No.															
7. Date of Birth (Please attach document for evidence)	D	D	М	М	Y	Y	Y	Y	9.N	ationality ameoftheS	tatet	owł	nich		
10. Gender	1	<u>   </u>	MALE					you belong FEMALE				OTHERS			
11. Category of the Candidate ( $$ )				UR				OBC	OBC SC			ST			EWS

13. Details of Educational Qualifications:									
Examination Passed	University/Board/Instituti on /Council of examination	Month, Year of Passing	Total Marks Secured Total Marks	Percentage	No.ofExtra Attempts				
Secondary (10 <sup>th</sup> )									
Senior Secondary (12th)									
MBBS/ (including Internship)									
Others()									
Others()									
Others()									

### 14. Details of work experience:

				]	Peri	od	of Se	ervi	ce					Total	-	
Name of the Organization	FROM								Т	0			Designat ion	Nature of Duties	Monthly Emolume	Reason for leaving Services
Ū	D	D	М	М	Y	Y	D	D	М	М	Y	Y		Performed	nts	Services

15. Please bring original certificates along with 1 set of self attested photocopies of related documents (as mentioned in the advertisement) at the time of interview.

 16.
 Research Publications (in Nos.), if any:

 Indexed National Journal \_\_\_\_\_\_Indexed International Journal \_\_\_\_\_\_

17. List of best 3 publications in the last 3 years, if any, in Vancouver style (if any)

18. Details of Application Fee: NEFT/ UTR No.\_\_\_\_\_ Date\_\_\_\_ Amount Rs.\_\_\_\_\_.

Sr. No.	Copy of the documents (self attested)	Please Tick (🗸 )
1.	Certificate of Date of Birth (Class X Certificate)	
2.	MBBS/ Mark Sheets (All Semester)	
3.	MBBS/ Degree	
4.	Internship completion certificate	
5.	Attempt certificates	
6.	MCI (NMC) registration	
7.	SC/ST/OBC/PH certificate issued by the competent authority (if applicable)	
8.	Experience (if any)- No Objection Certificate	
9.	Copies of any other relevant documents	
10.	Aggregate percentage in MBBS/BDS	
11.	Mention Attempts for MBBS/BDS:	
i.	1 <sup>st</sup> Year	
ii.	2 <sup>nd</sup> Year	
iii.	3 <sup>rd</sup> year	
iv.	4 <sup>th</sup> year	

# **DECLARATION**

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 candidature/ services are liable to be terminated without any notice. I agree to abide by the

terms and conditions of appointment.

Declaration: I Dr..... do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice. I further declare that I fulfil all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post. I agree to abide by the terms and conditions of appointment.

I am not employed in any Government Institution/Autonomous body OR I am employed with......Government Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

# (Signature of the Candidate)

Place: Date:

### For office use only: **Comments of the Screening committee:**

1. Eligible/Ineligible:

2. If ineligible the reasons thereof:

Age	:
Educational Qualification	:
Incomplete Application	:
Non submission of fee/othe	ers:

3. Submission of candidate's category certificate: OBC Candidate: Candidates must attach certificate validfor the posts under the Central Government of India which mentions that the Candidate does not belong to Creamy Layer. Date of issue of Certificate should not be earlier than 1 year from the crucial date.

4. Remarks, if any:

(Signature of the Screening Committee Member)

All India Institute of Medical Sciences, Old TB Sanatorium Road, Mangalagiri, Guntur Dist., Andhra Pradesh, 522503