

**Annexure I**

**All India Institute of Medical Sciences, Mangalagiri  
(Andhra Pradesh)**

-----  
Application Form for the post of Senior Resident/Senior Demonstrators at AIIMS, Mangalagiri

Name of the Post : \_\_\_\_\_

Department : \_\_\_\_\_

Date of Birth : 

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

Age (as on crucial date): \_\_\_\_\_ (Years, Months, Days)

Affix Passport  
Size self  
attested  
colour  
Photograph  
here.

Category of the candidate: \_\_\_\_\_

Applied under Category: UR [ ] EWS [ ] OBC [ ] SC [ ] ST [ ] PWD [ ]

Name : \_\_\_\_\_

AADHAR No: \_\_\_\_\_ Gender: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email id: \_\_\_\_\_

**Educational qualification:**

| Name of the Examination        | Subject/<br>Discipline/<br>Speciality | University/<br>Institute/<br>College | Date of<br>completion<br>of course | Month & Year<br>of Passing<br>final<br>examination | Marks<br>obtained | Total<br>Marks | Duration<br>taken to<br>complete<br>the<br>Course |
|--------------------------------|---------------------------------------|--------------------------------------|------------------------------------|--|-------------------|----------------|---|
| MBBS / M.Sc                    |                                       |                                      |                                    |  |                   |                |   |
| MD/MS/DNB/<br>DM/ M.Ch/Ph.D    |                                       |                                      |                                    |  |                   |                |   |
| Any other<br>Qualification (s) |                                       |                                      |                                    |  |                   |                |   |

Permanent MCI/DMC /State Registration No.: \_\_\_\_\_

Name of the Medical Council: \_\_\_\_\_

**Declaration:**

- PG medical degree completed and results declared before/on the crucial date: Yes [ ] No [ ]
- PG medical degree from recognized medical college/Institute. Yes [ ] No [ ]

**Details of FEE Paid:** Amount \_\_\_\_\_

UTR/Transaction ID: \_\_\_\_\_

Date \_\_\_\_\_

- (Proof of fee payment to be scanned and emailed)
- Please note that if UTR is available, UTR should be written in place on Transaction ID

**UNDERTAKING**

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that if any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place

Date

Signature of the Candidate

Name of the Candidate in block letters

---

**For office use only:**

**Comments of the screening committee:**

1. Eligible/Ineligible/ Provisionally Eligible: \_\_\_\_\_

2. If ineligible the reasons thereof:
- Age
  - Educational Qualification
  - Incomplete Application
  - Non submission of fee
  - Others

3. Remarks, if any

Signature:

## All India Institute of Medical Sciences, Mangalagiri (Andhra Pradesh)

### Proforma/Check list for the Post of Senior Resident/Senior Demonstrator to be filled and submitted during Document verification

Name of the Candidate: \_\_\_\_\_ Application No. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile Number: +91 \_\_\_\_\_ Name of the Department \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Category: \_\_\_\_\_

#### Qualifications

| S.No | Course/Qualification         | Name of College/Institute (with year of Passing) | Total Extra Attempt | Total Marks | Marks Obtained | % age |
|------|------------------------------|--|---------------------|-------------|----------------|-------|
| 1.   | M.B.B.S/ M.Sc                |  |                     |             |                |       |
| 2.   | MD/MS/DNB                    |  |                     |             |                |       |
| 3.   | D.M/ M.Ch/ Ph.D              |  |                     |             |                |       |
| 4.   | Extra Qualifications, if any |  |                     |             |                |       |

Total Experience: \_\_\_\_\_ Years \_\_\_\_\_ Months

Research Publications (in Nos.): Indexed National Journal \_\_\_\_\_ Indexed International Journal \_\_\_\_\_

List of best 3 publications in the last 3 years in Vancouver style

---



---



---

#### 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

(For office use only)

### **Documents to be Attached in serial order to submit during document verification (1 set of Photocopy):**

|     |   |        |
|-----|---|--------|
| 1.  | Original Application Form filled by the candidate as per the Advertisement (Annexure 1)             | Yes/No |
| 2.  | Filled in Proforma/Checklist in the given format  | Yes/No |
| 3.  | Identity Proof (Preferably Aadhar Card)   | Yes/No |
| 4.  | Certificate showing Date of Birth. (10 <sup>th</sup> Certificate/ Birth Certificate).               | Yes/No |
| 5.  | MBBS Marksheets & Certificates.   | Yes/No |
| 6.  | MD/MS/DNB/DM/M.Ch. Marksheets & Certificates  | Yes/No |
| 7.  | Attempt Certificate (For MBBS and Post Graduation)  | Yes/No |
| 8.  | FMGE Certificate conducted by NBE (For Foreign Graduate)  | Yes/No |
| 9.  | Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State | Yes/No |
| 10. | No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee                                | Yes/No |
| 11. | Experience Certificate.   | Yes/No |
| 12. | Reservation category Certificate ( <b>EWS/OBC/SC/ST/PH</b> )  | Yes/No |
| 13. | Publications  | Yes/No |
| 14. | Any other relevant documents.   | Yes/No |

Final Remarks: \_\_\_\_\_

Verified by

Name with Signature