



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(An Institution of National Importance under Ministry of Health & Family Welfare)

भारत सरकार/ Government of India

Post applied for-	JUNIOR RESIDENT (NON-ACADEMIC) Advt. No. AIIMS/DEO/ACAD.SEC./JR/365	Dated: 22.07.2026
-------------------	---	-------------------

Fee Details:	D.D. No. _____ Bank name _____ Date _____						
1	Name (in BLOCK letters)						Affix Recent Passport Size Photograph dulv Self attested
2	Father's Name						
3	Date of Birth (in Christian era)						
(Please attach attested copy of relevant certificate)							
4	Permanent Address						
5	Address for correspondence						
6	Mobile No. / Tele. No.				7. Citizenship		
8	E-mail id				9. Gender (M/F)		
10	Category	UR	SC	ST	OBC	OPH	EWS
	Category Belongs to						
	Category Applied for						
(Please tick (✓) the appropriate category and attach attested copy of relevant certificate if seeking Reservation)							

11	Educational Qualification			
Sl. No.	Exam Passed	Name of Institute	Year of Passing	Grade/Marks Percentage
1	10 th			
2	12 th			
3				

*Attach separate sheet if required along with attested copies of relevant documents.

12	Professional Qualification						
Sl. No.	Professional Education	Year of Final exam	Name of Institute	Name of University	Medals & awards if any	Total percentage obtained/ Pass	No of Attempt
1							
2							
3							



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(An Institution of National Importance under Ministry of Health & Family Welfare)

भारत सरकार/ Government of India

13	Experience Certificate (Total Years of Experience):			
	Experience as	Name of Institute	From	To
1				
2				
3				

*Attach attested copies of relevant documents.

14. Have you appeared in interview for in AIIMS, Deoghar the same post Yes/ No

Declaration

I Dr..... S/o/ D/o 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 am not employed in any other 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.

Date:-

Signature of Candidate

Enclosures: -

Checklist of Certificates	Page No.
1. Date of Birth and Class X and XII Certificate	
2. MBBS Pass Certificate	
3. MBBS Mark Sheets	
4. MBBS Attempt Certificate	
5. MBBS Internship Completion Certificate	
6. MBBS Degree Certificate	
7. Medical Registration certificate from MCI/ State Medical Council registration/ FMGE certificate conducted by NBE (For Foreign graduate)	
8. NOC from the present employer (If employed)	
9. Certificate of SC/ST/OBC (Non-Creamy Layer)/OPH/EWS from the competent authority	
10. Experience Certificate (if any)	