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-	**SENIOR RESIDENT(NON-ACADEMIC) in Department of _____** **Advt. No. AIIMS/DEO/ACAD.SEC./SR/886 Dated: 23.11.2026**

Fee Details:	**D.D. No. _____ / NEFT Details:-_____Bank name _____ Date _____**

1	**Name (in BLOCK letters)**		Affix Recent Passport Size Photograph duly 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	10th			
2	12th			
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							

*** Attempt certificate to be submitted. Attach attested copies of relevant documents.**

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/BDS mark sheets	
3. MBBS/BDS Degree	
4. MD/DNB/MDS mark sheets	
5. MD/DNB/MDS Degree	
6. Internship completion certificate	
7. Attempt certificates	
8. Experience Certificate	
9. MCI/ SMC registration/ FMGE certificate conducted by NBE (For Foreign graduate)	
10. No objection certificate from present employer (if applicable)	
11. SC/ST/OBC/PH certificate issued by the competent authority (if applicable)	
12. Copies of any other relevant documents (publications, awards, fellowship, patents, books/ chapters authored etc.)	