



सत्यमेव जयते

भारत सरकार Government of India

स्वास्थ्य और परिवार कल्याण मंत्रालय Ministry of Health and Family Welfare

प्रधान मंत्री स्वास्थ्य सुरक्षा योजना / PMSSY

अखिल भारतीय आयुर्विज्ञान संस्थान All India Institute of Medical Sciences

मंगलगिरि, आंध्रप्रदेश Mangalagiri, Andhra

www.aiismangalagiri.edu.in
Pradesh

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

(Annexure-I)

Personal Details (in Block Letters)

Advt.No: AIIMS/MG/Admin/ Recruitment/03/2021-22/JR

*Please attached
recent passport
size photograph*

➤ **Mode of Interview (Physical/Virtual):** _____

1. Full Name																				

2. Father's/ Husband's Name																				

3. Address for Correspondence																				

3. Permanent Address																				

5. E-mail ID (In capital letters)																				
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6. Phone/Mobile																				
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Phone/ Mobile																				
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Land Line No.																				
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7. Date of Birth (Please attach document for evidence)	D	D	M	M	Y	Y	Y	Y	8. Nationality	9. Name of the State to which you belong	

10. Gender	MALE			FEMALE			OTHERS		
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11. Category of the Candidate (✓)	UR	OBC	SC	ST	EWS
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12. If Physically Challenged (OPH Category) Percentage Disability	
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13. Details of Educational Qualifications:					
Examination Passed	University/Board/Institution /Council of examination	Month, Year of Passing	Total Marks Secured	Percentage	No. of Extra Attempts
			Total Marks		
Secondary (10 th)					
Senior Secondary (12 th)					
MBBS (including Internship)					
Others (.....)					
Others (.....)					
Others (.....)					

14. Details of work experience:

Name of the Organization	Period of Service												Designation	Nature of Duties Performed	Total Monthly Emoluments	Reason for leaving Services
	FROM						TO									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

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 registration	
7	MD/MS/DNB/PG Diploma certificate (for SRs only)	
8	MD/MS/DNB/PG Diploma mark sheets	
9	SC/ST/OBC/PH certificate issued by the competent authority (if applicable)	
10	Experience (if any)- No Objection Certificate	
11	Copies of any other relevant documents	
12	Aggregate percentage in MBBS	
13	Mention Attempts for MBBS:	
i.	1 st Year	
ii.	2 nd Year	
iii.	3 rd year	
iv.	4 th 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..... 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 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/others:	
3. Submission of candidate's category certificate: OBC Candidate: Candidates must attach certificate valid for 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)