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

POSE ADDITECTIOE=	JUNIOR RESIDENT (NON-ACADEMIC) AD-HOC BASIS OF 89 DAYS						
	Advt. No. AIIMS/DEO/ACAD.SEC./JR/11360	dated:28.03.2023					

Fee Details: D.D. No Bank name					Date					
1 2 3	Name (in Father's Date of B	Name Birth					Affix Recent Passport Size Photograph duly Self attested			
(Plea			opy of relevai	at cortificate	•)					
4	Perma Addı	anent	jpy oj reteval	и сенцисин	<i>)</i>					
5	Addre	ss for								
6	Mobile I Tele.						7. Citizenshi	p		
8	E-mail id						9. Gender (M	1/F)		
10	Categ	ory	UR	SC	ST		OBC		OPH	EWS
(Please tick ($$) the appropriate category and attach attested copy of relevant certificate if seeking Reservation)										
11		ional Qual								
	Sl. Exam Passed No.		Name of Institute		Yea	Year of Passing		Grade/Marks Percentage		
1	10 th									
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*Attach separate sheet if required along with attested copies of relevant documents.										
12	Profes	ssional Q	ualification		_		 			No of
Sl. No.			Year of				Medals &		Total centage	No of Attempt

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

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



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13	Experience Certif		1	т.					
1	Experience as	Name of Institute	From to	Remarks					
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	_	s of relevant documents.							
14. 1	Have you appeared i	in interview for in AIIMS, Deogh Declaration	ar the same post Yes	/ No					
		Deciaration							
I Dr									
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 an	y other Government Institution/ A OR	Autonomous body.						
		y only after acceptance of my resi			ody and if				
Date	e:-								
Enclosures: - Signature of Candidate									
(Checklist of Certifi	cates							
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								
7	. Medical Registrati	on certificate from MCI/ State Me	edical Council						
8	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)