

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

Basni Phase-II, Jodhpur-342005 (Rajasthan) Website: <u>https://www.aiimsjodhpur.edu.in</u>

Advertisement No.	Dean (Academics)/2	20/SR/2023-A					
Name of the Department applied fo	or				Please attached Lecent Passport Size Photo			
Name of the Post	Senio	r Resident (Non-Acaden	nic)				
Personal Details (IN CAPITAL LETTERS)								
1. Full Name		हत तत् ।	TE PART					
2. Father's Name								
3. Address for correspondence with PIN code number								
4. Permanent Address with PIN code number	457							
5. E-Mail Id (In Block Letter Only)								
6. Phone / Cell No.	+ 9	0 1						
7. Alternate Number	+ 9	0 1						
8. Date of Birth (Please Attach Document for Evidence)	D D M	M Y Y Y	lity o which you					
11. For PwBD Candidate	Туре	e of Disability	Percen	Percentage Disability:				
12. Category (Please Tick only)	UR	EWS	OBC (NC)	SC	ST			

13. Details of Educational Qualifications								
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts					
Secondary (10 th)								
Senior Secondary (12 th)								
MBBS/BDS/M.Sc.								
MD/MDS/MS/Ph.D.								
DM/DNB/M.Ch								
Any Other								

14.Work Experience (if any)															
Name of Organization		Period of Service From From To						5	F	तुः	fa	Designation	Nature of Duties performed	Reason for Leaving Services	
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15. Publications		Indexed National Journals	Indexed International Journals
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16. If Selected, speci required time to join			

Bring the original and attested photocopies of related documents and publications at the time of Interview.

Place: Jodhpur (Rajasthan)

Date: _____