

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) | | | | | | | | | | | | | | | |
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| 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 |
|--|------|-----------------------------|--------------------------------|
| | A IN | JODHPUR JODHPUR MEDIC | AL SU |
| | | | |
| 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: _____