

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

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| Advertisement No. D | | | | | DEAN(ACADEMICS)/JR/14/2022-AIIMS.JODHPUR | | | | | | | | | | | | | | | | | |
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| Name of the Department applied for C | | | | | | linical | | | | | | | | | | | | Please attached Recent Passport Size Photo | | | | |
| Name of the Post | | | | | | on-Academic Junior Resident (Clinical) | | | | | | | | | | | | | | | | _ |
| Personal Details (IN CAPITA | L'L | ETT | ER'S | S) | 11 | u | | 91 | | 310 | 15 | 17 | | V. | 1 | b. | | | | | | |
| 1. Full Name | 1 | - | 3 | | 8 | à | Ä | 1 | 6 | PTA | 197 | | 7 | 3 | 1 | | | | | | | |
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| 2. Father's Name | | | | | | | | | | | | | | | | 3 | A | 1 | - | | | |
| 3. Address for Correspondence with PIN Code Number | | | | 1 | | | 8 2 2 2 | | J. J. | | | 100 | 0 | | | C.F.C. | | | The second second second | | | |
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| 4. Permanent Address with PIN Code Number | | 7 | A. | 57 | 130 | | 01 | H | | R | 3 | | | Sol | 7 | | 1 | <i>y</i> | | | | |
| 5. E-Mail Id (IN BLOCK LETTERS ONLY) | | | | | | | | | | | | | | | | | | | | | | |
| 6. Phone / Cell No. | | | | + | 9 | 1 | | | | and the same | and the second | | | | | | | | | | | |
| Alternate Number (Mobile / | Tele | pho | ne) | + | 9 | 1 | | | | | | | | | | | | | | | | |
| 7. Date of Birth (Please Attach Document for | | D | M | M | Y | Y | Y | Y | 8. | Nati | onali | ity | | | | | | | | | | |
| Evidence) | | | | | | | | | 9. | State | e to v | vhic | ch yo | ou k | elo | ong | | | | | | |
| 10. If Person with Benchmark Disability (PwBD) | | | | | | Type of Handicap % of Disa | | | | | | | | sab | bility: | | | | | | | |
| 11. Category (Please Tick Only) | | | | | UR | | | | | ОВС | | | | SC | | | | ST | | | | |

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| Secondary (10 th) | | | | | | | | | | | | | | | | | | |
| Senior Secondary | (12 | th) | | | | | | | | | | | | | | | | |
| MBBS | | | | | | | | | | | | | | | | | | |
| Any Other | | | | | | | | | | | | | | | | | | |
| 13.Work Experi | ence | e (if | any) | | | , et 8 | - | | | | | 44.30 | | | | | | |
| Name of Organization | <u> Ala</u> | 7 | d of | Ser | vice | ice From | | | | | Designation | Nature of Duties performs | | Total Monthl Emolume | | Reason for Leaving Services | | |
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| 14. Publication | 1 | | F | 1 | | V | | | Ind | ex N | Vat | ion | al Journal | Ind | ex I | nternatio | nal J | ournal |
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| 15. If selected, s | | | he m | inim | um | | | | | | | | 100 | | | | | |
| Bring the original a | and a | attes | sted _l | photo | ocop | oies | of r | ela | ted | doc | um | ent | s and publica | tions at t | he t | ime of Inte | rvie | w. |
| 16. I hereby declar and belief. In the e terminated witho conditions for con | even ut a | t of | any i notic | nfor e. I | mat | ion | beir | ng | foui | nd fa | alse | e / i | ncorrect my | candidat | ure | /services a | ire li | iable to be |
| Place: <u>IODHPUR</u> | (RA | <u>JAS</u> | THA | <u>N)</u> | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | S | ign | ature of th | ie Ca | andidate |

Government of______ (Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTION'S (EWS's)

| Certificate No | Date: | |
|--|---|--|
| VALID FOR THE Y | YEAR | |
| This is to certify that | Shri / Smt. / Kumari | Son / daughter / wife of |
| Pern | nanent resident of | , |
| Village/Street | Post | Office |
| District | in the State/Union | Territory Pin Code ongs to Economically Weaker Sections, since |
| | | low ₹ 8 lakh (Rupees Eight Lakh only) for |
| All and a second se | 3 3 7 7 | or possess any of the following assets***: |
| E . | ricultural land and above; | |
| b) Reside <mark>ntial f</mark> | at of <mark>1000 sq. ft. and above;</mark> | |
| c) Resid <mark>ential p</mark> | lot of 100 sq. yards and above in : | notified municipalities; |
| d) Resid <mark>ential p</mark> | lot of 200 sq. yards and above in. | areas other than the notified municipalities. |
| 2. Shri/Smt./Kumar | | belongs to the caste which is not |
| recognized as a Sche | dul <mark>ed Caste</mark> , Sc <mark>heduled Tribe</mark> and | Other Backward Classes (Central List). |
| | JODHPI | UR-24 ST |
| | No. | Signature with seal of |
| Recent Passport size | TUTE OF | Office |
| Attested Photograph of the Applicant | | Name |
| | | Designation |