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

Advertisement No.					AIIMS/BBS/Dean/SR/49-A/5048												
Name of the Department															Please attach recent passport size photo		
Personal Details (in Block L	etters)																
1. Full Name																	
	l	l.			I								<u> </u>				
2. Father's /Husband's																	
Name																	
3. Address for																	
Correspondence																	
4. Permanent Address	ı				1						1		ı				
4. Permanent Address																	
5. E-mail Id																	
(In capital letters)																	
6. Phone/Cell No.1																	
Phone/Cell No.2																	
Land Line No.																	
7. Date of Birth (Please at	ttach	D	D	М	М	Υ	Υ	Υ	Υ	8.1	Nationality						
document for evidence)			1		+						hich	you belong					
10. Gender (Male / Fema	le)			1										,			
10. Genuer (Male / Fema	ie)																

11. Category				UR OBC						SC ST		EWS								
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12. If Physically Ch	alleng	ed (OP	H Cate	egory)																
Percentage Di	sability	,																		
													<u> </u>							
Examination Pa	ssed		University/Board/Institution/Council of examination														Month, Year of Passing			
Secondary (10 th)																				
Senior Secondary	12 th)																			
MBBS																				
MD/MS/MDS/DNI	3																			
DM/MCh																				
		ı																		
Details of work	experi	ience	:																	
14. Name of the Organisation		Period of Service											Designation Natur			Total Monthly	Reason for leaving			
			FC	DRM				то									Emoluments	Services		
	D	D	М	М	Υ	Υ	D	D	М	М	Υ	Υ								
15. Bring th	ie orig	ginal a	and C	2 set	s of a	ttest	ed pł	noto	copi	es of	f rel	atec	l docun	nents	at the 1	time j	oining.			
	ails of Application Fee: through, Transaction No. Amount Rs												·							
17. I hereb [.] belief. In the e [.]																	est of my kno s liable to be	_		
without any no																				
contractual app																				
Place:																				
Date:														Sign	ature o	f the	Candidate			