

अखिल भारतीय आयुर्विज्ञान संस्थान All India Institute of Medical Sciences मंगलिगिरि, आंध्र प्रदेश

Mangalagiri, Andhra Pradesh

www.aiimsmangalagiri.edu.in

<u>APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT (NON - ACADEMIC)</u>

(Annexure-I)

Personal	Details ((in Blo	ck I e	etters)
ı cı sonan	Details i			5LLG 31

Adv	t.No: AIIMS/MG/Ad	lmin/ Red	crui	tmen	ıt/03	/2023	/JR								Pleas	se attac	ched	
JUN	UNIOR RESIDENT (NON – ACADEMIC) : (Tick ✓)									recent passport size photograph								
					(OR												
JUN	NIOR RESIDENT (1	NON – A	CA	DE	MIC	-) (I	Denti	istry):_			_ (Tick	√)					
>	Category of Post: _			_ (UI	R/OI	BC/E	WS/S	SC/S	ST)									
	1. Full Name													•				
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	2. Father's/ Husband's Name																	
	3. Address for Correspondence																	
																	-	
																	+	
								1					-		-			
	3. Permanent Address																+	
																	+	
	5. E-mail ID (In capi	tal letters)																
	6. Phone/Mobile																	
	Phone/ Mobile																	
	Land Line No.																	
	7. Date of Birth (Please attach			D	M	M	Y	Y	Y	Y	8. Nati	onality						
	document for evide	ence)									9.NameoftheStatetov you belong				ch			
	10. Gender					MAL	E	_			FEN	IALE		OTHERS				

11. Category of	f the	Ca	ndid	ate	(√)			U	R			OF	BC	SC	ST	EWS
12. If Physically Cha	allen	ged (ОРН	Cate	gory	Per	centa	age C	Disabi	lity						
13. Details of	Edu	ıcat	ion	al O	ual	ific	atio	ons:								
Examination Passed			1	nive	rsity on /		ard/ ncil	/Inst	ituti	М	ontl Pa	h, Year of assing	Total Marks Secured Total Marks	Percentage	No.of Extra Attempts	
Secondary (10	th)															
Senior Seconda	ary ((12 ^{tl}	1)													
MBBS/BDS (inc Internship)	ludir	ıg														
Others()													
Others())												
Others()													
4. Details of	WO	rke	expe				of Se									
Name of the Organization			FRO		reri	oa	01 20	ervi	Ce T	0			Designa	Nature of Duties	Total Monthly	Reason for leaving
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Sr. No.	Copy of the documents (self attested)	Please Tick (✔)
1.	Certificate of Date of Birth (Class X Certificate)	
2.	MBBS/BDS Mark Sheets (All Semester)	
3.	MBBS/BDS Degree	
4.	Internship completion certificate	
5.	Attempt certificates	
6.	MCI/DCI registration	
7.	SC/ST/OBC/PH certificate issued by the competent authority (if applicable)	
8.	Experience (if any)- No Objection Certificate	
9.	Copies of any other relevant documents	
10.	Aggregate percentage in MBBS/BDS	
11.	Mention Attempts for MBBS/BDS:	
i.	1 st Year	
ii.	2 nd Year	
iii.	3 rd year	
iv.	4 th year	

		DECLARATION
beli terr		s form as above are true and correct to the best of my knowledge and being found false/incorrect candidature/ services are liable to be agree to abide by the
affi kno fals with edu	rm that all the statements made in owledge and belief and nothing has be see or incorrect or ineligibility detected hout any notice. I further declare	this application are true, complete and correct to the best of my been concealed thereon. In the event of any information being found at any point of time, my candidature shall be liable to be rejected that I fulfil all the conditions of eligibility regarding age limit, we etc. prescribed for the post. I agree to abide by the terms and
wit		vernment Institution/Autonomous body OR I am employed ment Institution/Autonomous body and if selected, I shall join duty from my current employer.
		(Signature of the Candidate)
Pla Dat		
	ffice use only: ments of the Screening commi	ttee:
1. 2.	Eligible/Ineligible: If ineligible the reasons thereof:	Age : Educational Qualification : Incomplete Application : Non submission of fee/others:
3.	validfor the posts under the Central	y certificate: OBC Candidate: Candidates must attach certificate Government of India which mentions that the Candidate does not sue of Certificate should not be earlier than 1 year from the crucial
4.	Remarks, if any:	

(Signature of the Screening Committee Member)