

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

	Advt.No: AIIMS/MG/Admin/ Recruitment/03/2023/JR **UNIOR RESIDENT (NON – ACADEMIC)**																		
>	Category of Post:			_(UF	R/OI	BC/E	WS/S	SC/	ST)										
	1. Full Name																		
	2. Father's/ Husband's Name																		
	3. Address for Correspondence																		
	3. Permanent Address																		
	5. E-mail ID (In capit	tal letters)																	
	6. Phone/Mobile																		
	Phone/ Mobile		+		-														<u> </u>
	Land Line No.																		<u> </u>
	7. Date of Birth (Pleas document for evide	se attach ence)	D	D	M	M	Y	Y	Y	Y	9.N	am	onality eoftheS	tatet	owł	nich			
	10. Gender			<u> </u>		MALE				you belong FEMALE					OTHERS				
	11. Category of the	Candidat	idate (√)			UR				OBC SC				ST		EWS			

MBBS/ (including Internship) Others() Others()	
Others() Others() Others() Others() Details of work experience:	
Others() Others() 4. Details of work experience:	
Others() 4. Details of work experience:	
4. Details of work experience:	
4. Details of work experience:	
I criod of Service	
Name of the Organization FROM TO Designat ion Nature of Duties Performed Total Monthly Emolume	
D D M M Y Y D D M M Y Y	Scrvices
 15. Please bring original certificates along with 1 set of self attested photocopies of documents (as mentioned in the advertisement) at the time of interview. 16. Research Publications (in Nos.), if any: Indexed National Journal Indexed International Journal 	f related
17. List of best 3 publications in the last 3 years, if any, in Vancouver style (if any)	

Sr. No.	Copy of the documents (self attested)	Please Tick (✓)
1.	Certificate of Date of Birth (Class X Certificate)	
2.	MBBS/ Mark Sheets (All Semester)	
3.	MBBS/ Degree	
4.	Internship completion certificate	
5.	Attempt certificates	
6.	MCI (NMC) 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	

	<u>I</u>	<u>DECLARATION</u>
bel ter		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
aff kno fals wit edu	irm that all the statements made in to owledge and belief and nothing has be see or incorrect or ineligibility detected shout any notice. I further declare the	S/o/ D/o
wit		ernment Institution/Autonomous body OR I am employed nent Institution/Autonomous body and if selected, I shall join duty om my current employer.
Pla Da		(Signature of the Candidate)
	office use only: aments of the Screening commit	tee:
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 G	certificate: OBC Candidate: Candidates must attach certificate Government of India which mentions that the Candidate does not ue of Certificate should not be earlier than 1 year from the crucial
4.	Remarks, if any:	

 $(Signature\ of\ the\ Screening\ Committee\ Member)$