Annexure I

All India Institute of Medical Sciences, Mangalagiri (Andhra Pradesh)

Application Form for the post of Senior Resident/Senior Demonstrators at AIIMS, Mangalagiri Name of the Post : _____ Department Affix Passport Size self attested Date of Birth мм colour Photograph Age (as on crucial date): ______ (Years, Months, Days) here. Category of the candidate: _____ Applied under Category: UR [] EWS [] OBC [] SC [] ST [] PWD [] Name AADHAR No:_____ Gender: ____ Correspondence Address:_____ Mobile No.:_____ Email id: _____

Educational qualification:

Name of the Examination	Subject/ Discipline/ Speciality	University/ Institute/ College	Date of completion of course	Month & Year of Passing final examination	Marks obtained	Total Marks	Duration taken to complete the Course
MBBS / M.Sc							
MD/MS/DNB/ DM/ M.Ch/Ph.D							
Any other Qualification (s)							

Permanent MCI/DMC / State Registration No.:	
Name of the Medical Council:	

	results declared before/on the crucial date: Yes[]No[] il medical college/Institute. Yes []No[]
Details of FEE Paid: Amount	<u> </u>
UTR/Transaction ID:	
Date	
(Proof of fee payment to be scannedPlease note that if UTR is available,	l and emailed) UTR should be written in place on Transaction ID
	UNDERTAKING
best of my knowledge. I have not	furnished above is true and correct in all respects to the concealed any information. I undertake that if any to be incorrect or false, I shall be liable for action as per
Place	
	Signature of the Candidate
Date	
	Name of the Candidate in block letters
For office use only:	
Comments of the screening commit	tee:
1. Eligible/Ineligible/ Provisionally E	ligible:
2. If ineligible the reasons thereof:	Age
	Educational Qualification
	Incomplete Application
	Non submission of fee
	Others
3. Remarks, if any	
Signature:	

Declaration:

Final Remarks: _

All India Institute of Medical Sciences, Mangalagiri (Andhra Pradesh)

		submitted during D	<u>ocument veri</u>	<u>fication</u>		
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ather's	s Name:		Mobile Nur	nber: +91		Name
f the D	epartment	Date of B	rth:	Category:		
	•					
S.No	Course/ Qualification	Name of College/Institute (with year of Passing)	ications Total Extra Attempt	Total Marks	Marks Obtained	% age
1.	M.B.B.S/ M.Sc					
2.	MD/MS/DNB					
3.	D.M/ M.Ch/ Ph.D					
4.	Extra Qualifications, if any					
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Name with Signature

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