



भारत सरकार Government of India

स्वास्थ्य और परिवार कल्याण मंत्रालय Ministry of Health and Family Welfare

अखिल भारतीय आयुर्विज्ञान संस्थान All India Institute of Medical Science

मंगलगिरि, आंध्र प्रदेश Mangalagiri, Andhra Pradesh

www.aiismangalagiri.edu.in

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

Personal Details (in Block Letters)

Advt.No: AIIMS/MG/Admin/Recruitment/03/2020-21/JR/ , Dt:23/10/2020

*Please attached
recent passport size
photograph*

1. Full Name																				
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2. Father's /Husband's Name																				
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3. Address for Correspondence																				

4. Permanent Address																				

5. E-mail Id (In capital letters)																			
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6. Phone/Cell No.1																				
Phone/Cell No.2																				
Land Line No.																				

7. Date of Birth (Please attach document for evidence)	D	D	M	M	Y	Y	Y	Y	8. Nationality	
										9. Name of the State to which you belong
10. Gender (Male / Female)										

11. Category of the Candidate (√)	UR	OBC	SC	ST

12. If Physically Challenged (OPH Category) Percentage Disability	
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13. Details of Educational Qualifications:					
Examination Passed	University/Board/Institution /Council of examination	Month, Year of Passing	Total Marks Secured	Percentage	No. of Extra Attempts
			Total Marks		
Secondary (10 th)					
Senior Secondary(12 th)					
MBBS					
Others (.....)					
Others (.....)					
Others (.....)					

14. Details of work experience:

Name of the Organization	Period of Service												Designation	Nature of Duties Performed	Total Monthly Emoluments	Reason for leaving Services
	FROM						TO									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

15. Please bring original certificates alongwith 1 set of self attested photocopies of related documents at the time of interview.

16. Details of Application Fee: NEFT UTR No. _____ Date _____ Amount Rs. _____.

DECLARATION

I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect candidature/ services are liable to be terminated without any notice. I _____agree to abide by the terms and conditions of appointment.

Declaration: I Dr..... S/o/ D/o do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice. I further declare that I fulfil all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post. I agree to abide by the terms and conditions of appointment.

I am not employed in any Government Institution/ Autonomous body. OR I am employed withGovernment Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Signature of the Candidate

Place:

Date: