

अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Application for the post of Senior Resident in Department of :.....

Application fee(amount) :..... D.D. No.....
Date :..... Bank:.....

Paste Recent Passport Size Photograph
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1. Name of the applicant **(In Block Letters)** : _____
2. Sex (Male/Female) : _____
3. Father's/Husband's Name : _____
4. Date of Birth and age (as on 31.07.2017) : _____
5. Category (SC/ST/OBC/General) : _____
6. Whether Physical Handicapped : Yes No
(Put ✓ in appropriate box)
7. Nationality : _____
8. Correspondence Address **(In Capital letters)**
: _____

9. Permanent Address **(In CAPITAL Letters)**
: _____

10. Particulars of exam. Passed (MBBS/BDS onwards)

Name of Exam	Institute/College & University	Month & Year of Passing	% of Marks	No. of Attempts
MBBS/BDS				
MD/MS/DNB/MDS / PhD				
DM/MCh				

11. Previous Experience as SR, if any : Yes(Duration)_____ No _____
12. Whether at present employed, if so, detail of employment
And if yes, attach copy of NOC from present employer : _____
(NOC must be shown at the time of interview)
13. Permanent Medical/Dental Registration No. : _____
(Provisional certificate will not be considered)
14. Demand draft No (To be attached with the application) : _____
(Candidate must write his/her name & date of birth on the reverse side of Demand Draft)
(Demand draft must be drawn in favour of, "AIIMS Patna" payable at Patna.)
15. E-mail address (mandatory) : _____
16. Mobile No. (mandatory) : _____
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To be filled by the applicant

1. Name of the applicant **(In Block Letters)** : _____
2. Date of Birth and age (as on 31.07.2017) : _____
3. Department which applied for : _____
4. Address for communication: _____

Pincode: _____

For Office use

- Department : _____
- Date of Interview : _____
- Reporting Time : _____
- Venue : AIIMS, Patna, Bihar- 801507

UNDERTAKING:

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my residency, I understand my selection or residency will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Dated:

(Signature of the candidate)

*Check list (Please tick in the box given below as proof of enclosures).

Sr. No.	Documents	Check list
1	Application fee (Bank Draft)	
2	Proof of Date of Birth (eg: matriculation certificate)	
3	Permanent Medical/Dental Council Registration Certificate	
4	MD/MS/DNB/MDS/PhD. Degree Certificate	
5	DM/ M.Ch. Degree Certificate (if applicable)	
6	Caste Certificate (if applicable)	
7	OPH Certificate (if applicable)	

***All copies of certificates and documents must be self-attested**