

All India Institute of Medical Sciences, Bhopal Saket Nagar, Bhopal 462020

ANNEXURE -A

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

Affix you recent coloured passport size photograph

	1.	Advt. No. Academic/AIIM	IS, Bhopal	/JR (noi	n-acad.)	/2021/	02 dated	d: 12/03/2	2021	ph
2.		Post applied for Junior	Resident	(Non-/	Acader	nic)				
3.		Name (in Block Letters)								
4.		Father's/Husband's Nan	ne							
5.		Mother's Name								
6.		Address (Permanent)								
							.(Addre	ess proof	to be enc	losed)
7.		Address for corresponde	•	-						
		Mobile No								
		E-mail (in capital letter).								
8.		Date of Birth:						(dd/mm/yy))
9.		Category: (GEN/ EWS/S								
10.		Age as on date of Interv	view:							
11.		Gender : M/F							(dd/mm	ı/yy)

12.			essional Qualification			10.11		-		
	Degree	e/Exam.	Name of Boar University	d/	Year of Passing	Subject			Percentage/Divi	
13.	Work Experience:									
	Sr. Name of		Department/		ame of the	Date of		Date of Leaving		
	No	Section		po	ost held	Joining				
14. 15.	Whethe	er register ned the co	legree is recognized with State Med py of registration tration No	dical)	Register or					
		B) State	in which registere	ed						
16.	Fee Deta	ils: D.	D. No		A	mount (in R	s.)			
	Dated	l	Bank Na	ame					_	
Date	e :					(Sia	nature	of Ca	andidate)	

12.

DECLARATION

I hereby declare, that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect my candidature is liable to be cancelled/ terminated. I will have no claim for absorption after termination/ completion of tenure contract. I shall abide by terms & condition as prescribed. In the event of ineligibility being detected before or after the selection procedure, action can be taken against me under the relevant rules/instruction and hereby undertake to abide by them.

Date:	(Signature of Candidate)
Place:	Name:

Documents required at the time of interview in original and one set photocopy:

Sl.No.	Copy of the Certificate	Please Tick
1	Class X & XII certificate for Date of Birth	
2	MBBS Mark Sheet & / Degree / Certificate	
3	Internship Completion Certificate	
5	State/MCI registration	
6	EWS /SC/ST/OBC/PH certificate issued by the competent Authority (If applicable)	
7	Attempt Certificates	
8	Photo Identity Proof	
9	NOC (if applicable)	
10	Photographs 2 Nos	
11	Copies of any other relevant documents	