



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Address: Plot no.2, Sector -20, MIHAN, Nagpur - 441108

Website: <https://aiimsnagpur.edu.in>

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

Personal Details (in Block Letters)

										Please attached recent passport size photograph									
1. Full Name																			
2. Father's /Husband's Name																			
3. Address for Correspondence																			
4. Permanent Address																			
5. E-mail Id (In capital letters)																			
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				EWS					
12. If Physically Challenged (OPH Category) Percentage Disability																			

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 along with 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

For office use only:

Comments of the screening committee:

1. Eligible/Ineligible:
2. If ineligible the reasons thereof (Mark tick):
 - Educational Qualification
 - Incomplete Application
 - Non submission of fee
 - Others
3. Submission of candidate's category certificate: OBC Candidate: Candidates must attach certificate valid for the posts under the Central Government of India which mentions that the Candidate does not belong to Creamy Layer. The vacancies are being advertised in financial year 2024-2025, therefore, valid NCL-OBC certificate issued during the period from 01.04.2024 to 31.03.2025 will be considered valid.
4. Remarks, if any:

Signature of the Screening Committee Member: