For Office use only

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

Application Format for the post of Senior Resident/Senior Demonstrator

IMPORTANT INSTRUCTION : **1.** Please read the Advertisement carefully before filling this form. **2.** Use Blue or Black Ball Pen for filling this form. Do not attach any enclosure with this form **3.** Tick `√' in the appropriate box against Columns 1, 6, 7, 8 and 10 . **4.** This form should be downloaded from net only. Use laser printer to download the format.

1. Post applied for Senior Resident ☐ Senior Demonstrator ☐

2. Department applied for (In order of your choice) [See Advertisement for code] Code:

2:1																										
2:2*																										
2:3*																										
2:4*																										

** Applicable in case of Group Subjects (1 to 6), for other there is only one choice.*

3. Full name of applicant (in CAPITAL letters)

4. Father's /Husband's name (In CAPITAL letters)

5. Mother's name (In CAPITAL letters)

6. Community *(Tick `√' in the appropriate box)* SC ☐ ST ☐ OBC ☐ Others ☐

7. Sex Male ☐ Female ☐

8. Nationality Indian ☐ Others ☐

9. Date of Birth D D M M Y Y Y Y

10. Details of qualifying Examination passed: MBBS ☐ MD ☐ MS ☐ MDS ☐ MHA ☐ M.Sc ☐ Ph.D ☐
(' √' in the appropriate box)

Subject/Discipline passed	University/Institution	Month & year of passing

11. Details of last **three** Employment after postgraduate (MD/MS/MDS/MHA/Ph.D), if any.

Name of the Hospital/Institution	Position held	Period From	To

12. a) Phone No.(with STD Code)……. …… b). FAX No..……..…… ..……..
c) Mobile No. …… c). e-mail……...…..……..……..

13. Number of Research Publications, if any. (Please attach list) ……...

14. Name & full mailing address (in CAPITAL letters)

Name:…….…….

Address:……..……..

……..…...

……..…...

……..……...

Pin Code: ☐☐☐☐☐☐

15. Photograph

1. Paste here (do not pin or staple) a recent passport size photo.
2. The photograph should not exceed this box.
3. The photograph should **NOT** be attested.
4. If the photograph is not clear, the application will be rejected.

16. Candidate's Signature

17. For Office Use Only

18. **UNDERTAKING**: I solemnly affrim that the information furnished above is true and correct in all respect. I have not concealed any information. I realise that if any information furnished herein is found to be incorrect or untrue, I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/ appointment in the Institute.

Date:_____ _____ Signature of the candidate
Place:_____ Signature and seal of attesting authority (Gazetted Officer)

List of enclosures: **1.** Application fee Rs.500/- (Rs.400/- for SC/ST candidates) by means of Demand Draft in favour of "The Director, AIIMS" payable at New Delhi. **2.** High School Certificate showing the date of birth; **3.** Degree/Provisional Certificate for having passed qualifying examination; **4.** Employment/Experince Certificate; **5.** Caste/Community Certificate - **SC/ST/OBC**–on prescribed format, if applicable. **6.** 'No Objection Certificate' if in service; **7.** List of Publication; **8.** Any other.
Note: *Applications received without the prescribed application fee or received after the last date prescribed for submission, will not be entertained.*