



ALL INDIA INSTITUTE OF MEDICAL SCIENCES GORAKHPUR (Uttar Pradesh)

Website: <http://www.aiimsgorakhpur.edu.in>

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| Advertisement No. | AIIMS/GKP/RECT/SR/2024-25/86 | Please attached Recent Passport Size Photo |
| Name of the Department applied for | | |
| Name of the Post | Senior Resident (Medical/Dental) | |

Personal Details (IN CAPITAL LETTERS)

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| 1. Full Name | |
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| 2. Father's Name | |
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| 3. Address for correspondence with PIN code number | |
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| 4. Permanent Address with PIN code number | |
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| 5. E-Mail Id (In Block Letter Only) | |
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| 6. Phone / Cell No. | + 9 1 |
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| 7. Alternate Number | + 9 1 |
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|--|---|---|---|---|---|---|---|---|--------------------------------------|--|
| 8. Date of Birth (Please Attach Document for Evidence) | D | D | M | M | Y | Y | Y | Y | 9. Nationality | |
| | | | | | | | | | 10. State to which you belong | |

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|---|-------------------------|-------------------------------------|
| 11. If Physically Challenged Candidate | Type of Handicap | Percentage Disability: |
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|--|-----------|------------|------------|-----------|-----------|
| 12. Category (Please select one only) | UR | EWS | OBC | SC | ST |
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| 13. Details of Educational Qualifications | | | |
|---|---|------------------------|-----------------------|
| Examination Passed | University/Board/Institution/Council of Examination | Month, Year of Passing | No. of Extra Attempts |
| Secondary (10 th) | | | |
| Senior Secondary (12 th) | | | |
| MBBS/BDS/M.Sc. | | | |
| MD/MS/DNB/MDS/Ph.D. | | | |
| DM/DNB/M. Ch | | | |
| Any Other | | | |
| | | | |

| 14. Work Experience (if any) | | | | | | | | | | | | | | | | |
|------------------------------|------------------------|---|---|---|---|---|----|---|---|---|---|---|-------------|----------------------------|--------------------------|-----------------------------|
| Name of Organization | Period of Service From | | | | | | | | | | | | 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 | | | | |
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| 15. Publication | Index National Journal | Index International Journal |
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| 16. Fee Details: | |
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Bring the original and attested photocopies of related documents and publications at the time of interview.

17. I hereby declare that the 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, my candidature/services are liable to be terminated without any notice. I agree to abide by the terms and conditions for contractual appointment.

Place: AIIMS, Gorakhpur (UP)
Date:

Signature of the Candidate



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Check list for the Post of Non-Academic Senior Resident

Name of the Candidate: _____

Father's Name: _____

Department _____ Category _____ Date of Birth: _____

Qualifications

| S. No. | Course / Qualification | Name of College/Institute (with year of passing) | Total Extra Attempt | Total Marks | Marks Obtained | Percentage % |
|--------|----------------------------|---|---------------------------|----------------|-------------------|-----------------|
| 1. | M.B.B.S./M.Sc./BDS | | | | | |
| 2. | MD/MS/DNB/Ph.D./MDS | | | | | |
| 3. | DM/M.Ch | | | | | |
| 4. | Extra Qualification if any | | | | | |

Total Experience: _____ Year's _____ Months

Research Publications (in Nos.): Index National Journal _____ Index International Journal _____

Declaration

I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In case of any Information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of the Candidate with date

Documents Attached:

| Sl. No. | Document Proof | (Check by DVC Committee) | Remark |
|---------|---|--------------------------|--------|
| 1. | Identity Proof (PAN Card, Passport, Driving License, Unique ID card, Voter Card etc.) | Yes/No | |
| 2. | Address Proof (Passport, Driving License, Voter Card, Aadhar Card etc.) | Yes/No | |
| 3. | 10 th and 12 th Marksheets and Certificate | Yes/No | |
| 4. | Certificate showing Date of Birth. (10 th Certificate/ Birth Certificate). | Yes/No | |
| 5. | MBBS/M.Sc./BDS Marksheets & Certificates. | Yes/No | |
| 6. | MD/MS/DNB/DM/M.Ch./Ph. D/MDS Marksheets & Certificates. | Yes/No | |
| 7. | Internship Completion Certificate. | Yes/No | |
| 8. | Attempt Certificate. | Yes/No | |
| 9. | FMGE Certificate conducted by NBE (For foreign graduate) | Yes/No | |
| 10. | Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State | Yes/No | |
| 11. | No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee | Yes/No | |
| 12. | Experience Certificate (If have). | Yes/No | |
| 13. | Reservation Category Certificate (OBC*/SC/ST/PH) (*Candidate should belong to non-creamy layer of Central List of OBC). | Yes/No | |
| 14. | Publications. | Yes/No | |
| 15. | Fees Receipt attached & Transaction Number mentioned | Yes/No | |
| 16. | Any other relevant documents. | Yes/No | |

Final Remarks

Verified By (DVC Committee)
Name with Signature