ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्यएवंपरिवारकल्याणमंत्रालय, भारतसरकारकेअधीनराष्ट्रीयमहत्वकासंस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India

AIIMS Deoghar

FORMAT FOR APPLICATION

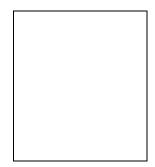1. Name of the post Applied for   :
2. Name of Candidate (in Block Letter)   :
3. Gender   :
4. Date of Birth   :
5. Father's Name   :
6. Mother's Name   :
7. Marital Status (Married/Unmarried)   :
8. Present Address for correspondence   :
9. Permanent Address   :
10. Phone Number/Mobile Number   :
11. Email Id   :

12. Details of Qualification

S.No.	Degree	% of Mark	Year of Passing	Board/University

13. Details of Experiences

S.No.	Designation	Institute/Name of the employer	Period	Reason for leaving

14. Have you ever been declared unfit by a medical board/court for appointment in any government service? (Yes/No) ………….
    If yes, details…………………………………………………………………………………….

15. If selected, within what period would you require for joining the post:

ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्यएवंपरिवारकल्याणमंत्रालय, भारतसरकारकेअधीनराष्ट्रीयमहत्वकासंस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India

आरोग्यम् परमं सुखम्

Declaration

I Dr/Mr/Mrs/Miss…………………………………………………. 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 am not employed in any other Government Institution/ Autonomous body.

OR

I am employed with …………………. Government Institution/Autonomous body and ifselected, I shall join duty only after acceptance of my resignation from my current employer.

Signature of the candidate

Date:

Enclosures

आरोग्यम परमं सुखम

Checklist of Certificates	
1. Date of Birth proof (Class X Certificate)	
2. 2 recent passport size photograph (1 affixed on the application form)	
2. Graduation Mark Sheets (as applicable)	
3. Graduation Degree Certificate (as applicable)	
4. Post-Graduation Mark Sheets (as applicable)	
5. Post-Graduation Degree Certificate (as applicable)	
7. Registration certificate from MCI/ State Medical Council/ RCI	
8. NOC from the present employer (If employed)	
9. Certificate of SC/ST/OBC (Non-Creamy Layer)/OPH/EWS from the competent authority	
10. Experience Certificate (if any)	
11. Photo Identity Proof	