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ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान) (An Institution of National Importance under Ministry of Health & Family Welfare) भारत सरकार/ Government of India

Post a	pplied fo				/ACAD.SEC		in Department		Dated: 03.07	.2025
Fee D	Details:	D.D. No.		_ / NE]	FT Details: _ Date		Bank name			
2 F	lame (in lather's late of B		etters)					Si	Recent Pass ze Photograp ly Self atteste	h
(i (Plea	n <i>Christ</i> se attack	ian era) a attested co	opy of relev	ant cer	tificate)					
4		ermanent Address								
5		ddress for espondenc	e							
6]	Mobile I	No./ Tele. No.					7. Citizenship			
8	F	C-mail id					9. Gender (M/	/F)	,	
10		egory		UR	SC	ST	OBC		ОРН	EWS
`-		gory Belon gory Appli								
1		0 11		gory ar	nd attach attes	sted copy	of relevant cert	ificate i	f seeking	
			-						-	
11	Educ	ational Qu	alification							
Sl. No.	. Exa	m Passed	N:	ame of	Institute	Ye	ar of Passing	(Grade/Marl Percentage	

^{*}Attach separate sheet if required along with attested copies of relevant documents.

12	Professional Qualification:							
Sl. No.	Professional Education	Year of Final exam	Name of Institute	Name of University	Medals & awards if any	Total percentage obtained/ Pass	No of Attempt	
1								
2								
3								

^{*} Attempt certificate to be submitted. Attach attested copies of relevant documents.



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13	Experience Certificate (Total Years of Experience):				
	Experience as	Name of Institute	From	То	
1					
2					
3					
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Have you appeare	d in interview	for in AIIMS, Deoghai	the same post Yes/No
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Declaration

I Dr	S/o/ D/o	do hereby declare and
knowledge and belief ar	nd nothing has been concealed thereo	true, complete and correct to the best of my on. In the event of any information being found ne, my candidature shall be liable to be rejected
without any notice.		
I further declare that I for experience etc. prescribe	9	egarding age limit, educational qualification and
I am not employed in any	y other Government Institution/ Autor	nomous body.
	OR	
2 0	G only after acceptance of my resignat	overnment Institution/Autonomous body and if ion from my current employer.

Date:-

Signature of Candidate

Enclosures: -

Enclosures	_
Checklist of Certificates	Page No.
1. Date of Birth and Class X and XII Certificate	
2. MBBS mark sheets	
3. MBBS Degree	
4. MD/DNB mark sheets	
5. MD/DNB Degree	
6. Internship completion certificate	
7. Attempt certificates	
8. Experience Certificate	
9. MCI/ SMC registration/ FMGE certificate conducted by NBE (For Foreign graduate)	
10. No objection certificate from present employer (if applicable)	
11. SC/ST/OBC/PH certificate issued by the competent authority (if applicable)	
12. Copies of any other relevant documents (publications, awards, fellowship, patents, books/	
chapters authored etc.)	

^{*}Attach attested copies of relevant documents.