



अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA
पटना /Patna-801507

Dean/SR/2019/

Date:

अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Application for the post of Senior Resident in Department of :.....

Application fee(amount) :..... D.D. No.....
Date :..... Bank:.....

Paste Recent
Passport
Size Photograph

1. Name of the applicant (In Block Letters) : _____
2. Sex (Male/Female) : _____
3. Father's/Husband's Name : _____
4. Date of Birth and age (as on 01/07/2019) : _____
5. Category (SC/ST/OBC/General) : _____
6. Whether Physical Handicapped : Yes No
(Put ✓ in appropriate box)
7. Nationality : _____

8. Address (In Capital letters)

Correspondence	Permanent

9. Particulars of exam. Passed (MBBS/BDS onwards)

Name of Exam	Institute/College & University	Month & Year of Passing	No of Attempt
MBBS/BDS			
MD/MS/DNB/MDS / PhD			
DM/MCh			



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10. Previous Experience as SR, if any : Yes(Duration)_____ No_____
11. Permanent Medical/Dental Registration No. : _____
(Provisional certificate will not be considered)
12. Demand draft No (To be attached with the application) : _____
(Candidate must write his/her name & date of birth on the reverse side of Demand Draft)
(Demand draft must be drawn in favour of, "AIIMS Patna" payable at Patna.)
13. E-mail address (mandatory) : _____
14. Mobile No. (mandatory) : _____

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To be filled by the applicant

1. Name of the applicant **(In Block Letters)** : _____
2. Date of Birth and age (as on ___/___/___) : _____
3. Department which applied for : _____
4. Address for communication: _____

Pincode: _____

For Office use

Department : _____

Date of Interview : _____

Reporting Time : _____

Venue : AIIMS, Patna, Bihar- 801507



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UNDERTAKING:

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my residency, I understand my selection or residency will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Dated:

(Signature of the candidate)

*Check list (Please tick in the box given below as proof of enclosures).

Sr. No.	Documents	Check list
1.	Application fee (Bank Draft)	
2.	Proof of Date of Birth (eg: matriculation certificate)	
3.	Permanent Medical/Dental Council Registration Certificate	
4.	Caste Certificate (if applicable)	
5.	OPH Certificate (if applicable)	
6.	MS/MDS/PHD Certificate	