***Annexure I***

Application Form for the post of Senior Resident in AIIMS, Mangalagiri under residency scheme, Govt. of India.

**[PLEASE FILL IN Times New Roman Font, size 11]**

|  |
| --- |
| Affix Passport Size self attestedcolour Photograph here.  |

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (as on crucial date): Year Month Days

|  |  |  |
| --- | --- | --- |
|  |  |  |

Date of birth:

( DD/MM/19\_\_\_ )

 Category: UR [ ] OBC[ ] SC[ ] ST[ ] PWD[ ]

Name:

AADHAR No: Gender:

Correspondence Address:

Mobile No.: Email id:

Educational qualification:

| **Name of the Examination** | **Subject/** **Discipline/ Speciality** | **University/** **Institute/ College** | **Date of completion of course** | **Month &****Year of** **Passing final examination** | **Marks obtained** | **Total Marks** | **Duration taken to complete the Course** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MBBS/BDS |  |  |  |  |  |  |  |
| MD/MS/ MDS/DNB  |  |  |  |  |  |  |  |

Permanent MCI/DMC/DCI/State Registration No.:

Name of the Medical Council:

**Declaration:**

* PG medical degree completed and results declared before/on the crucial date: Yes[ ] No[ ]
* PG medical degree from recognized medical college/Institute. Yes [ ] No [ ]

**Details of FEE Paid**: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transaction ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Proof of fee payment to be scanned and emailed)

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that if any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place

|  |  |  |
| --- | --- | --- |
|  |  |  |

 Signature of the Candidate

Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name of the Candidate in block letters

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only:

Comments of the screening committee:

1. Eligible/Ineligible:
2. If ineligible the reasons thereof: Age

Educational Qualification

Incomplete Application

Non submission of fee

Others

1. Remarks, if any

Signature: