



अखिल भारतीय आयुर्विज्ञान संस्थान
All India Institute of Medical Sciences
मंगलगिरि, आंध्र प्रदेश
Mangalagiri, Andhra Pradesh
www.aiismangalagiri.edu.in

F. No/AIIMS/MG/Admin/RecruitMatt/03/Non Faculty/SR/2022-23/11A

Date: 24/02/2023

CORRIGENDUM & ADDENDUM - 01A
FOR THE ROLLING ADVERTISEMENT

**WALK-IN INTERVIEW FOR RECRUITMENT TO THE POST OF
SENIOR RESIDENT/SENIOR DEMONSTRATORS AT AIIMS, MANGALAGIRI**

In continuation to the Corrigendum & Addendum issued for the Rolling advertisement of Senior Resident/Senior Demonstrator for the month of February & March, 2023, vide F. No/AIIMS/MG/Admin/RecruitMatt/03/Non Faculty/SR/2022-23/11 dtd. 11/02/2023, it is hereby notified that the department of General Medicine (UR-01, OBC-01; Total = 02) posts have been included.

Vacancy Matrix:

S. No.	Name of the Department	Number of vacancies					Total No. of vacancies
		UR	OBC	SC	ST	EWS	
1.	ENT			#1			1
2.	General Medicine	*1	*1				2
3.	Neuro Surgery	#1					1
4.	Nuclear Medicine		#1				1
5.	Ophthalmology			@1		#1	2
6.	Orthopedics				#1		1
7.	Physical Medicine & Rehabilitation (PMR)	#1			@1		2
8.	Pediatrics	#1		@1			2
9.	Pediatric Surgery		#1				1
10.	Radiodiagnosis		#1				1
11.	Radiotherapy					#1	1
12.	Surgical Gastroenterology				#1		1
13.	Surgical Oncology		#1				1
14.	Trauma & Emergency	#1	#1		@1		3
15.	Urology			#1			1
Grand Total		5	6	4	4	2	21

* **New posts advertised.** # posts advertised as Corrigendum & Addendum, @ Previous advertised posts for the month of February, 2023 advt.

Essential Qualifications:

S.No	Department	Minimum qualification
1.	General Medicine	A Postgraduate medical degree viz., MD/DNB in Medicine from a recognized university/Institute /or equivalent qualification thereto.

- I. **Reporting Venue:** Ground Floor, Admin and Library Building, AIIMS Mangalagiri, Mangalagiri, Guntur (Dist), Andhra Pradesh, 522503.

WALK –IN INTERVIEW SCHEDULE FOR THE MONTH OF FEBRUARY & MARCH, 2023

Sl.No	Details	Date	Time
1	Reporting at AIIMS Mangalagiri	07 th March, 2023 (Tuesday)	08.30AM
2	Documents verification and Screening of Applications		09:00 AM onwards
3	Interview		11.00 AM onwards

* Candidates reporting after 10.00 AM will not be allowed.

- Link for submission of details: <https://forms.gle/6zzjRwiTBUvKz3Qy7>; Requisite Application form is appended below to this notice.
- All other information given in the advertisement remains unchanged.
- Aspiring candidates may apply for the same.

Sd/-
Director & CEO
AIIMS, Mangalagiri

Annexure I

**All India Institute of Medical Sciences, Mangalagiri
(Andhra Pradesh)**

Application Form for the post of Senior Resident/Senior Demonstrators at AIIMS, Mangalagiri

Name of the Post : _____

Department : _____

Date of Birth :

DD	MM	YYYY
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Age (as on crucial date): _____ (Years, Months, Days)

Affix Passport
Size self
attested
colour
Photograph
here.

Category of the candidate: _____

Applied under Category: UR [] EWS [] 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 / M.Sc							
MD/MS/DNB/ DM/ M.Ch/Ph.D							
Any other Qualification (s)							

Permanent MCI/DMC /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: Amount _____

UTR/Transaction ID: _____

Date _____

- (Proof of fee payment to be scanned and emailed)
- Please note that if UTR is available, UTR should be written in place on Transaction ID

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

Date

Signature of the Candidate

Name of the Candidate in block letters

For office use only:

Comments of the screening committee:

1. Eligible/Ineligible/ Provisionally Eligible: _____

2. If ineligible the reasons thereof:
- Age
 - Educational Qualification
 - Incomplete Application
 - Non submission of fee
 - Others

3. Remarks, if any

Signature:

All India Institute of Medical Sciences, Mangalagiri (Andhra Pradesh)

Proforma/Check list for the Post of Senior Resident/Senior Demonstrator to be filled and submitted during Document verification

Name of the Candidate: _____ Application No. _____
 Father's Name: _____ Mobile Number: +91 _____ Name
 of the Department _____ Date of Birth: _____ Category: _____

Qualifications

S.No	Course/ Qualification	Name of College/Institute (with year of Passing)	Total Extra Attempt	Total Marks	Marks Obtained	% age
1.	M.B.B.S/ M.Sc					
2.	MD/MS/DNB					
3.	D.M/ M.Ch/ Ph.D					
4.	Extra Qualifications, if any					

Total Experience: _____ Years _____ Months

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

List of best 3 publications in the last 3 years in Vancouver style

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

(For office use only)

Documents to be Attached in serial order to submit during document verification (1 set of Photocopy):

1.	Original Application Form filled by the candidate as per the Advertisement (Annexure 1)	Yes/No
2.	Filled in Proforma/Checklist in the given format	Yes/No
3.	Identity Proof (Preferably Aadhar Card)	Yes/No
4.	Certificate showing Date of Birth. (10 th Certificate/ Birth Certificate).	Yes/No
5.	MBBS Marksheets & Certificates.	Yes/No
6.	MD/MS/DNB/DM/M.Ch. Marksheets & Certificates	Yes/No
7.	Attempt Certificate (For MBBS and Post Graduation)	Yes/No
8.	FMGE Certificate conducted by NBE (For Foreign Graduate)	Yes/No
9.	Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State	Yes/No
10.	No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee	Yes/No
11.	Experience Certificate.	Yes/No
12.	Reservation category Certificate (EWS/OBC/SC/ST/PH)	Yes/No
13.	Publications	Yes/No
14.	Any other relevant documents.	Yes/No

Final Remarks: _____

Verified by

Name with Signature