



**Medical Physicist On Contractual Basis In The Department Of Radio Therapy, AIIMS Mangalagiri
For A Period Of 11 (Eleven) Months**

(Annexure-I)

Personal Details (in Block Letters)

Advt.No. AIIMS/MG/Admin/Recruitment/03/2021-22/HR Details/Medical Physicist/								Please attached recent passport size photograph			
➤ Post Applied For : <u>Medical Physicist</u>											
➤ Mode of Interview (Physical/Virtual): _____											
1. Full Name in Block Letters (As per SSC/ X Standard)											
2. Father's/ Husband's Name											
3. Address for Correspondence											
3. Permanent Address											
5. E-mail ID (In capital letters)											
6. Phone/Mobile											
Phone/ Land Line											
7. AADHAR											
8. Date of Birth (Please attach document for evidence)	D	D	M	M	Y	Y	Y	9. Nationality			
								10 .Name of the State to which you belong			
11. Gender		MALE				FEMALE			OTHERS		
12. Category of the Candidate (✓)		UR		OBC		SC		ST		EWS	

13. If Physically Challenged (OPH Category) Percentage Disability

14. Educational Qualifications:

Name of Examination	Subject/Discipline	University/Board/Institution /Council of examination	Month, Year of Passing	Total Marks Obtained	Percentage	Duration of Course
Any other Qualification						
Any other Qualification						

15. Experience:

Sl. No	Name of the Organization	Period of Service		Pay Band and Grade Pay	Nature of Duties Performed
		FROM	TO		

16. Please bring original certificates along with 1 set of self attested photocopies of related documents (as mentioned in the advertisement) at the time of interview.

17. Details of Application Fee: NEFT/ UTR No. _____ Date _____ Amount Rs. _____

Sr. No.	Copy of the documents (self attested)	Please Tick (✓)
1	Certificate of Date of Birth (Class X Certificate)	
2	AADHAR	
3	Degree Certificate with Physics as one subject	
4	Post Graduate Degree in Physics	
5	M.Sc Diploma in Radiological/ Medical Physics	
6	Internship Certificate of minimum 12 months	
7	Certification of RSO issued by BARC	
8	SC/ST/OBC/PH certificate issued by the competent authority (if applicable)	
9	Experience Certificate	
10	No Objection Certificate	
11	Copies of any other relevant documents	

DECLARATION

I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect candidature/ services are liable to be terminated without any notice. I _____ agree to abide by the terms and conditions of appointment.

I am not employed in any Government Institution/Autonomous body OR I am employed with.....Government Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

(Signature of the Candidate)

Place:

Date:

For office use only:

Comments of the Screening committee:

1. Eligible/Ineligible:
2. If ineligible the reasons thereof: Age :
Educational Qualification:
Application :
Non submission of fee/others:
3. Submission of candidate's category certificate: OBC Candidate: Candidates must attach certificate valid for the posts under the Central Government of India which mentions that the Candidate does not belong to Creamy Layer. Date of issue of Certificate should not be earlier than 1 year from the crucial date.
4. Remarks, if any:

(Signature of the Screening Committee Member)