



ALL INDIA INSTITUTE OF MEDICAL SCIENCES Ansari Nagar, New Delhi-110608

Application Format for the post of Senior Resident/Senior Demonstrator-January, 2009

IMPORTANT INSTRUCTION : 1) Please read the Advertisement carefully before filling this form. 2) Use Blue or Black Ball Pen for filling this form. 3) Tick '√' in the appropriate box against Columns 1, 6, 7, 8 and 10. 4) This form should be downloaded from net only. 5) Use laser printer to download the format on A-4 size paper.

1. Post applied for Senior Resident Senior Demonstrator

2. i) Department applied for : Department/Group Code:
[See Advertisement for department/Group code]

3. Full name of applicant (in CAPITAL letters)

4. Father's /Husband's name (In CAPITAL letters)

5. Mother's name (In CAPITAL letters)

6. Community (Tick '√' in the appropriate box)
SC ST OBC Others

7. Sex Male Female

8. Nationality Indian Others

9. Date of Birth D D M M Y Y Y Y

10. Details of Qualifying Examination passed: MBBS PG-Diploma MD MS MDS MHA M.Sc Ph.D
(*√ in the appropriate box)

Subject/Discipline passed	University/Institution	Month & year of passing
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Details of last **three** Employment after postgraduate (PG-DIPLOMA/MD/MS/MDS/MHA/M.Sc/Ph.D), if any.

Name of the Hospital/Institution	Position held	Period	
		From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. a) Phone No.(with STD Code)..... b). FAX No.....
c) Mobile No. c). e-mail.....

13. Number of Research Publications, if any. (Please attach list)

14. Name & full mailing address (in CAPITAL letters)

Name:.....
Address:.....
.....
.....
.....

Pin Code:

15. Photograph

- Paste here (do not pin or staple) a recent passport size photo.
- The photograph should not exceed this box.
- The photograph should **NOT** be attested.
- If the photograph is not clear, the application will be rejected.

16. Candidate's Signature

17. For Office Use Only

18. **UNDERTAKING:** I solemnly affirm that the information furnished above is true and correct in all respect. I have not concealed any information. I realise that if any information furnished herein is found to be incorrect or untrue, I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/ appointment in the Institute.

Date: _____ Place: _____ Signature and seal of attesting authority (Gazetted Officer) Signature of the candidate

List of enclosures: 1. Application fee Rs.1000/- (Rs.800/- for SC/ST candidates) by means of Demand Draft in favour of "The Director, AIIMS" payable at New Delhi. Name & address should be written on the back of the Demand Draft; 2. High School Certificate showing the date of birth; 3. Degree/Provisional Certificate for having passed qualifying examination; 4. Employment/Experience Certificate; 5. Caste/Community Certificate - SC/ST/OBC-on prescribed format, if applicable. 6. 'No Objection Certificate' if in service; 7. List of Publication; 8. Any other.
Note: Applications received on other format or without the prescribed fee or received after the last date prescribed for submission, will not be entertained.