

अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

A Central Autonomous Institute of National Importance under PMSSY, MoH & FW, Government of India

APPLICATION FORM

Advertisement I	No.																						
Name of the Depart applied for														Please attach recent Passport Size Photo									
Name of the Po	st	Sen	Senior Resident (Non-DM/M. CH)																				
1. Full Nan	ne																						
2. Father's N	ame																						
3. Address fo correspondence v PIN code numb	with																						
4. Permanent Add with PIN code nu																							
5. E-Mail Id (In Block Letter Only)																							
6. Phone / Cell No).			+	9	1																	
7. Alternate Num	ber			+	9	1																	
8. Date of Birth (Please Attach Document for Evidence)			D	M	M	Y	Y	Y	Y		0. St		Nationality e to which you										
		· 											b	elo	elong								
11. If Physically Cl Candidat	hallenged e			Т	ype	of H	land	dica	р				Per	cen	entage Disability:			••••					
12. Category SC ST (Please select only one)				Γ	ОВС							EWS PwBD					GEN						



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13. Details of Educational Qualifications										
Examination Passed	University/Board/Institution	Month, Year of Passing	No. of Extra Attempts							
Secondary (10 th)										
Senior Secondary (12th)										
MBBS/M.Sc.										
MD/MS/DNB/Ph.D.										
DM/DNB/M. Ch										
Any Other										

14.Work Experience (if any)																
Name of Organization			Fre		erio	d of	Sei	rvio	ce F		n		Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for Leaving Services
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

15. Publication	Index with PubMed /Medline/Scopus	Index with Embase/DOAJ/Web of Science and any other



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16. If selected, specify the minimum time required to join:

Bring the original and one self-attested photocopies of the relevant documents and publications at the time of Interview.

Declaration by Candidate:

I hereby declare that the entries made in this form are true and correct to best of my knowledge and belief. In an event any information is being found false / incorrect, my candidature / service are liable to be terminated without any notice. I	
Name	
Place	
Signature	
Date	

Note:

Candidates are required to bring filled (typed/handwritten legibly) application form provided separately and enclosed documents as specified below, self-attested photocopies (at-least one set). Also bring original documents/ certificates at the time of interview for verification and screening as per Advt No. AIIMS/RAJKOT/ACAD/SR/597 Dated:10/03/2025