**APPLICATION FORM**

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| Advertisement No. |  | Please attach recent Passport Size Photo |
| Name of the Department applied for |  |
| Name of the Post | **Senior Resident (Non-DM/M. CH)** |

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| **1. Full Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2. Father’s Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3. Address for correspondence with**  **PIN code number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4. Permanent Address with PIN code number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **5. E-Mail Id (In Block Letter Only)** |  | | | | | | | | | | | | | | | | | |
| **6. Phone / Cell No.** | **+** | **9** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7. Alternate Number** | **+** | **9** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **8. Date of Birth**  **(Please Attach Document for Evidence)** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **9. Nationality** |  |
|  |  |  |  |  |  |  |  | **10. State to which you belong** |  |

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| **11. If Physically Challenged Candidate** | **Type of Handicap** | **Percentage Disability: ……………………..** |
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| **12. Category (Please select only one)** | **SC** | **ST** | **OBC** | **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 (10th) |  |  |  |
| Senior Secondary (12th) |  |  |  |
| MBBS/M.Sc. |  |  |  |
| MD/MS/DNB/Ph.D. |  |  |  |
| DM/DNB/M. Ch |  |  |  |
| Any Other |  |  |  |
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| **14.Work Experience (if any)** | | | | | | | | | | | | | | | | |
| **Name of Organization** | **Period of Service From** | | | | | | | | | | | | **Designation** | **Nature of Duties performed** | **Total Monthly Emoluments** | **Reason for**  **Leaving Services** |
| **From** | | | | | | **To** | | | | | |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **D** | **D** | **M** | **M** | **Y** | **Y** |  |  |  |  |
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| **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 of any information is being found false / incorrect, my candidature / service are liable to be terminated without any notice.

I ……………………………………………………………………………….. agree to abide to terms and conditions laid by AIIMS Rajkot

**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