



All India Institute of Medical Sciences, Bhopal
Saket Nagar, Bhopal 462020

ANNEXURE -A

APPLICATION FORM

Affix you recent
coloured
passport size
photograph

1. Advt. No. : Academic/AIIMS, Bhopal/ T/D /2021/05 dated 14/12/2021
2. Post applied for **Tutor/Demonstrator** Department.....
3. Name (in Block Letters)
4. Father's/Husband's Name
5. Mother's Name
6. Address (Permanent)
.....(Address proof to be enclosed)
7. Address for correspondence (in capital letter)
.....
.....
Mobile No.
E-mail(in capital letter).....
8. Date of Birth:

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 (dd/mm/yy)
9. Category: (GEN/SC/ST/OBC/PwD-OPH).....
10. Age as on date of Interview:

							(dd/mm/yy)
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11. Gender : M/F

12. Educational/ Professional Qualification:

Degree/Exam.	Name of Board/ University	Year of Passing	Subject	Percentage/Divi sion

13. Work Experience:

Sr. No	Name of Department/ Section	Name of the post held	Date of Joining	Date of Leaving

14. Research Publication /Presentation

Title of Publication	Author/Co Author	Name of Publication	National / International	Date of Publication/Presentation

15. Whether MBBS/M.D/MS/ degree is recognized by Medical Council of India: Yes/No

16. Whether registered with State Medical Register or Indian Medical Council : Yes/No
(Attached the copy of registration)

A) Registration No.

B) State in which registered.

16. Fee Details: D.D. No. _____ Amount (in Rs.)

_____ Dated _____ Bank Name _____

Date:

(Signature of Candidate)

DECLARATION

I hereby declare, that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect my candidature is liable to be cancelled/ terminated. I will have no claim for absorption after termination/ completion of tenure contract. I shall abide by the terms & condition as prescribed. In the event of ineligibility being detected before or after the selection procedure, action can be taken against me under the relevant rules/instruction and hereby undertake to abide by them.

Date:

(Signature of Candidate)

Place:

Name:.....

Documents required at the time of interview in original and one set photocopy:

Sl.No.	Copy of the Certificate	Please Tick
1	Class X & XII certificate for Date of Birth	
2	MBBS /M.Sc. Mark Sheet & Degree Certificate	
3	Internship Completion Certificate	
4	MD/MS/DNB/ PhD/ Mark sheet & Degree Certificate	
5	State Medical Council/NMC/MCI registration	
6	EWS/SC/ST/OBC/PH certificate issued by the competent Authority (If applicable)	
7	Attempt Certificates	
8	Photo Identity Proof	
9	NOC (if applicable)	
10	Photographs 2 Nos	
11	Copies of any other relevant documents	