

**All India Institute of Medical Sciences, Mangalagiri
(Andhra Pradesh)**

Proforma/Check list for the Post of Senior Resident to be filled and submitted during Document verification

Name of the Candidate: _____ Application No. _____ Father's Name: _____ Mobile Number: +91 _____ Name of the Department _____ Date of Birth: _____ Category: _____

Qualifications

S.No	Course/Qualification	Name of College/Institute (with year of Passing)	Total Extra Attempt	Total Marks	Marks Obtained	% age
1.	M.B.B.S					
2.	MD/MS/DNB/Dip					
3.	D.M/ M.Ch					
4.	Extra Qualifications, if any					

Total Experience: _____ Years _____ Months
Research Publications (in Nos.): Indexed National Journal _____ Indexed International Journal _____
List of best 3 publications in the last 3 years in Vancouver style

Declaration

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

Signature of the candidate with date

(For office use only)

Documents to be Attached in serial order to submit during document verification(5 sets of Photocopies):

1.	Original Application Form filled by the candidate as per the Advertisement (Annexure 1)	Yes/No
2.	Filled in Proforma/Checklist for the Senior Resident in the given format	Yes/No
3.	Identity Proof (Preferably Aadhar Card)	Yes/No
4.	Certificate showing Date of Birth. (10 th Certificate/ Birth Certificate).	Yes/No
5.	MBBS Marksheets & Certificates.	Yes/No
6.	MD/MS/DNB/DM/M.Ch. Marksheets & Certificates	Yes/No
7.	Attempt Certificate (For MBBS and Post Graduation)	Yes/No
8.	FMGE Certificate conducted by NBE (For Foreign Graduate)	Yes/No
9.	Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State	Yes/No
10.	No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee	Yes/No
11.	Experience Certificate.	Yes/No
12.	Reservation category Certificate (OBC/SC/ST/PH)	Yes/No
13.	Publications	Yes/No
14.	Any other relevant documents.	Yes/No

Final Remarks: _____

Verified by

Name with Signature