

**Annexure I**

Application Form for the post of Senior Resident in AIIMS, Mangalagiri under residency scheme, Govt. of India for 03 (three) year – 2018

**[PLEASE FILL IN Times New Roman Font, size 11]**

Department: \_\_\_\_\_

Age (as on crucial date):                      Year                      Month                      Days

Date of birth :                      \_\_\_\_\_  
(DD/MM/19\_\_\_\_)

Affix  
Passport  
Size self  
attested  
  
colour  
  
Photograph

Category of the candidate:

Applied under Category:                      UR [ ]    OBC [ ]    SC [ ]    ST [ ]    PWD [ ]

Name:

AADHAR No:

Gender:

Correspondence Address:

Mobile No.:

Email id:

Educational qualification:

Name of the Examination	Subject/ Discipline/ Speciality	University/ Institute/ College	Date of completion of course	Month & Year of Passing final examination	Marks obtained	Total Marks	Duration taken to complete the Course
MBBS							
MD/MS/DNB/ Diploma							

Permanent MCI/DMC /State Registration No.:

Name of the Medical Council:

**Declaration:**

- PG medical degree completed and results declared before/on the crucial date: Yes[ ] No[ ]
- PG medical degree from recognized medical college/Institute. Yes [ ] No [ ]

**Details of FEE Paid:** Date\_\_\_\_\_Amount\_\_\_\_\_Transaction ID\_\_\_\_\_ (Proof of fee payment to be scanned and emailed)

**UNDERTAKING**

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that if any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place

Signature of the Candidate

Date

Name of the Candidate in block letters

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For office use only:

Comments of the screening committee:

1. Eligible/Ineligible:
2. If ineligible the reasons thereof: Age

Educational Qualification

Incomplete Application

Non submission of fee

Others

3. Remarks, if any

Signature: