

**APPLICATION FORMAT FOR THE POST OF SENIOR RESIDENT/DEMONSTRATOR ON MONTH TO MONTH BASIS AT AIIMS**  
**APPLICATION FORMAT FOR THE POST OF SENIOR RESIDENT/DEMONSTRATOR AT AIIMS**

**IMPORTANT INSTRUCTIONS**

1. Please read the advertisement carefully before filling this form.
2. Use blue or black ball pen for filling this form.
3. Tick (✓) in the appropriate box against columns 1, 2 and 3.
4. This form should be downloaded from net only. Print using laser Printer. Fill up and submit

**5. Please Enclose all documents viz. Certificates etc.**

**PHOTOGRAPH**

1. Paste here (do not pin or staple) a recent clear and coloured passport size photograph.
2. Photograph should NOT exceed this box.

1. A. Applying for  
 Senior Resident      Senior Demonstrator      Department/Speciality




B. PG (MCI/DMC REGISTRATION NO):

2. Community

3. Sex

4. Date of Birth

SC

ST

OBC

OPH

Others

Male

Female

DATE

MONTH

YEAR















5. FULL NAME (In Capital letters) \_\_\_\_\_

6. Father's/Husband's Name (In CAPITAL Letters) \_\_\_\_\_

7. Details of Examination Passed (MBBS, MD, MDS, MHA, MSc, Ph.D. etc.)

Degree/Discipline Passed	University/ Institution	Month & Year of Passing

In the event of not having qualified the degree may indicate the expected date, month and year of declaration of result and also date of completion of tenure.

8. Details of employment after post-Graduation (MD/MS/MHA/Ph.D) if any

Name of Hospital/Institution	Position Held	Period	
		From	To

9. Number of publication, if any

Serial No	Publication

**DECLARATION**

I hereby declare that the information furnished by me in the Application form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature for recruitment to the post of SR/SD may be cancelled.

Signature of the candidate \_\_\_\_\_

Name \_\_\_\_\_

Address (Permanent) \_\_\_\_\_

Address (Mailing) \_\_\_\_\_

Phone (with STD Code) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

In case In service then (NOC is required) Name of Institution/Hospital \_\_\_\_\_

Name of Employer \_\_\_\_\_

Signature of Authority with seal \_\_\_\_\_

**Note: After the last date, applications received by courier or by any other means will not be accepted, irrespective of the date of booking.**