सत्यमेव जयते

அகில இந்திய மருத்துவ அறிவியல் நிறுவனம் மதுரை, தமிழ்நாடு
अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै, तमिलनाडु
All India Institute of Medical Sciences, Madurai, Tamil Nadu
पीएमएसएसवाई प्रभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन
Under PMSSY Division, Ministry of Health & Family Welfare, Government of India
JIPMER, Puducherry - Mentor Institute, Website : www.aiimsmadurai.edu.in

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APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT (NON-ACADEMIC)

Application No : ……..
(FOR OFFICE USE ONLY)

Details of application fee paid			**Affix here recent color passport size photograph**
Application Fee Paid	:	Rs.	
SBI Collect Payment Receipt No	:		
Date of Payment	:		

1.	Name of the applicant **(IN CAPITAL LETTERS)**	:	
2.	Name of the Father / Husband	:	
3.	Date of Birth	:	
4.	Age (as on closing date of application)	:	
5.	Gender	:	Male / Female / Transgender
6.	Marital Status	:	Unmarried / Married
7.	Candidate Category	:	UR / OBC / EWS / SC / ST / PwBD
8.	If Physically Challenged (PwBD Category), please mention percentage of disability (Please attach proof of certificate)	:	
9.	Email ID	:	
10.	Mobile No	:	

11.	Nationality	:	Indian
12.	Name of the state to which you belong	:	
13.	Permanent Address	:	
14.	Address for Communication	:	

15. Details of Educational Qualifications :

Examination Passed	University / Board / Institution / Council of Examination	Month and Year of Passed	Total Marks Secured / Total Marks	Percentage of Marks	No of Attempts
SSLC / 10th					
HSC / 12th					
MBBS					

16. Details of previous experience including as Junior Resident in AIIMS, etc :

Name of the Organization / Institute / Hospital	Designation	From	To	Total Monthly Emoluments (Rs.)	Nature of Duties Performed	Reason for reliving the service

*** Incomplete application is liable to be rejected.**

DECLARATION

I hereby declare that information provided / entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false / incorrect, my candidature / services are liable to be terminated without any notice by the Institute. I agree to abide by the terms and conditions of appointment.

I, Dr……..…….…….. son / daughter of Dr / Shri ……..…….…… do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice.

I further declare that I fulfil all the conditions of eligibility condition regarding age limit, educational qualification, experience, etc as per the advertisement for the post of **Junior Resident (Non-Academic)**. I agree to abide by the terms and conditions of appointment.

I am not employed in any Government Institution / Autonomous body / etc.,

(OR)

I am employed with …….. (Government Institution / Autonomous body / Private) and if selected, I shall join duty only after acceptance of my resignation from my present employer.

Signature of the Candidate

Name of the Candidate : _____

Place : _____

Date : _____

DECLARATION TO BE SIGNED BY NON-CREAMY LAYER OBC CANDIDATES ONLY

I Dr. …… Son / daughter of Dr / Shri ……. resident of Village / Town / City …… District …… State …… **(Certificate Enclosed)** hereby declare that I belong to the …….. community which is recognized as a backward class by the Govt. of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT), dated : 08.09.1993.

It is also declared that I do not belong to the persons / sections (Creamy Layer) mentioned in Column 3 of OM No. 36012/22/93-Estt(SCT), dated : 08.09.1993 and modified vide Govt. of India, Department of Personnel and Training OM No.36033/3/2004-Estt(Res), dated : 09.03.2004.

Signature of the Candidate

Name of the Candidate : _____

Place : _____

Date : _____

SELF-DECLARATION

I, Dr. …….. son / daughter of Dr / Shri …….. appearing for written test / interview for the post of **Junior Resident (Non- Academic)** on tenure Basis (for a period of 12 months) for AIIMS Madurai held on …… do hereby declare that I have not been worked as **Junior Resident (Non-Academic)** for a period of one year on Regular / Ad-hoc / Contract Basis in any of the Central / State / Semi Govt. / Autonomous Organizations.

(OR)

I have worked as **Junior Resident (Non-Academic)** on Regular / Ad- hoc / Contract Basis for the period from …… to …… at ……
which is a Central / State / Semi Govt. / Autonomous Organizations.

I understand that if the said information as given by me is proved to be false, I will liable to be terminated from the services.

Signature of the Candidate

Name of the Candidate : _____

Place : _____

Date : _____

NO OBJECTION CERTIFICATE BY THE PRESENT EMPLOYER

(In case candidate is in Govt. / Semi Govt. / PSU / Autonomous Body service etc.)

F. No : ……. Date : …….

Certified that Dr. ……. holding a post of ……

for the period from …… to …….. on regular / Ad-hoc / contract basis in this Department / Office / Institution / Organization i.e. ……

……

This Department / Office / Institution / Organization has no objection to his / her application being considered for the post of **Junior Resident (Non-Academic)** at All India Institute of Medical Sciences (AIIMS) Madurai (for a period of 12 months).

In the event of his / her selection to the above said post, he / she will be relieved from the duty of this Department / Office / Institution / Organization to take up the post of in All India Institute of Medical Sciences (AIIMS) Madurai.

Signature of the Issuing Authority with Stamp

Name : ……

Designation : ……

Place : ……

Date : ……

CHECK LIST FOR THE POST OF JUNIOR RESIDENT (NON-ACADEMIC)

S. No	Self-attested photocopy of the certificates / documents required to be submitted along with application form	Submitted (Yes / No)
1.	Proof of date of birth (Birth Certificate / SSLC Certificate)	
2.	SSLC / 10th Certificate	
3.	HSC / 12th Certificate	
4.	MBBS Mark Sheet (All Semester)	
5.	MBBS Degree	
6.	Internship Completion Certificate	
7.	Attempt Certificate	
8.	Valid MCI / NMC / State Medical Council Registration	
9.	SC / ST / OBC / PwBD Certificate issued by the competent authority (if applicable)	
10.	Experience Certificate, If any	
11.	No Objection Certificate, If applicable	
12.	FMGE Certificate conducted by NBE (For Foreign Graduate)	
13.	SBI Payment Receipt, if applicable	

Signature of the Candidate

Name of the Candidate : _____

Date : _____