



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) भुवनेश्वर
All India Institute of Medical Sciences (AIIMS) Bhubaneswar
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक सांविधिक निकाय)
(A statutory body under the aegis of Ministry of Health and Family Welfare, GOI)
सिजुआ, पोस्ट: डुमुडुमा, भुवनेश्वर (ओडिशा) - 751019
Sijua, Post: Dumuduma, Bhubaneswar (Odisha) – 751019
www. aiimsbhubaneswar.nic.in

Advertisement No: AIIMS/BBS/Dean/JR-NA/115/

Date: 26th May ,2023

APPLICATION FORM FOR JUNIOR RESIDENTS (NON-ACADEMIC) FOR BURN CENTRE ON CONTRACTUAL BASIS

Advertisement No.	AIIMS/BBS/Dean/	Please attach recent passport size photo
Name of the Department		

Personal Details (in Block Letters)

1. Full Name																				
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2. Father's /Husband's Name																				
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3. Address for Correspondence																				
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4. Permanent Address																				
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5. E-mail Id (In capital letters)																			
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6. Phone/Cell No.1																				
Phone/Cell No.2																				
Land Line No.																				

7. Date of Birth (Please attach document for evidence)	D	D	M	M	Y	Y	Y	Y	8. Nationality										
									9. Name of the State to which you belong										

10. Gender (Male / Female)																			
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11. Category	UR	OBC	SC	ST	EWS														
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12. If Physically Challenged (OPH Category) Percentage Disability																			
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Examination Passed	University/Board/Institution/Council of examination	Month, Year of Passing
Secondary (10 th)		
Senior Secondary(12 th)		
MBBS		
MD/MS/MDS/DNB		
DM/MCh		

Details of work experience:

14. Name of the Organisation	Period of Service												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for leaving Services
	FORM						TO									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

15. Bring the original and 02 sets of attested photocopies of related documents at the time joining.

16. Details of Application Fee: through _____, Transaction No. _____
 Date _____ Amount Rs. _____.

17. I hereby declare that 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 is liable to be terminated without any notice. I _____ agree to abide by the terms and conditions of contractual appointment.

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Place:

Date:

Signature of the Candidate