

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

Website: http://www.aiimsjodhpur.edu.in

Advertisement No.					AIIMS/JDH/M.S. Office/04/2019												_, , , ,				
Name of the Department applied for C					linical												Please attached Recent Passport Size Photo				
Name of the Post					on-Academic Junior Resident (Clinical)													_	-		
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2. Father's Name	1	/														1					
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5. E-Mail Id (IN BLOCK LETTERS ONLY)																					
6. Phone / Cell No. Alternate Number (Mobile /	Telej	pho	ne)	_	9 9	1 1															
7. Date of Birth (Please Attach Document for Evidence)DDM						Y	Y	Y	8. Nationality 9. State to which you belong						ng						
10. If Physically Challenged Candidate						Type of Handicap % of Di								Disa	ability:						
11. Category (Please Tick Only)						UF	ł		OBC				9	SC			ST				

12. Details of Educational Qualifications								
Examination Passed	University / Board / Institution / Council of Examination	Month, Year of Passing	No. of Extra Attempts					
Secondary (10 th)								
Senior Secondary (12 th)								
MBBS								
Any Other								

13.Work Experience (if any)																	
Name of Organization		ALL DE THE							-		31		Designation	Nature of Duties performs	Total Monthly Emolument	Reason for Leaving Services	
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14. Publication	Index National Journal	Index International Journal
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15. If Selected, specify the minimum required time to join		/

Bring the original and attested photocopies of related documents and publications at the time of Interview.

Place: _IODHPUR (RAJASTHAN)_

Date: _**16/04/2019**

Signature of the Candidate