## 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		Affix Passport Size self attested
Date of birth:					colour
( DD/MM/19)					Photograph here.
Applied under Category:	UR[] O	BC[ ] 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 completio n of course	Month & Year of Passing final examinatio	Marks obtaine d	Total Marks	Duratio n taken to complet e the Course
MBBS/BDS							
MD/MS/ MDS Diploma/DNB							

Permanent MCI/DMC/DCI/State Registration No.:

Name of the Medical Council:

tails of FEE Paid: Da	e Transaction ID
oof of fee payment to	be scanned and emailed along with the filled in application form)
	UNDERTAKING
knowledge. I have no	the information furnished above is true and correct in all respects to the best of my concealed any information. I undertake that if any information furnished herein is r false, I shall be liable for action as per rules in force.
Place	
	Signature of the Candidate
Date	
	Name of the Candidate in block letter

**Educational Qualification** 

Incomplete Application

Non submission of fee

Others

3. Remarks, if any

2. If ineligible the reasons thereof :Age

Signature: