



**Annexure**

अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MADURAI**

An Institute of National Importance under PMSSY Division, Ministry of Health and Family Welfare

**Government of India**

**ANNEXURE - I**

**APPLICATION FORM FOR THE POST OF SENIOR RESIDENT IN VARIOUS DEPARTMENT OF AIIMS MADURAI**

Application form No. \_\_\_\_\_ (for Office use only)

**Details of Application Fee:**

Demand draft Number & Bank:

Date:

Amount:

**Please attach recent passport size photograph**

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

1. Application for the post of SENIOR RESIDENT in \_\_\_\_\_ (Subject/Specialty)

2. Applicant's name (in BLOCK LETTERS)

Gender:


3. Father's / Husband's name (in BLOCK LETTERS)


4. i) Date of Birth of Applicant

(Attach Proof)

DAY

MONTH

YEAR

ii) Age:

YEARS

MONTHS

DAYS

5. Write in the box ONLY ONE category out of

SC/ST/EWS/OBC/GEN/PwBD to which you belong (Attach proof of SC/ST/EWS/OBC/PwBD)

6. Nationality: \_\_\_\_\_

7. Religion: \_\_\_\_\_

8. Marital Status: \_\_\_\_\_

9. Educational/Academic/Technical/Professional Qualifications (Attach proof):

Examination Passed	Subject	Name of College/Institution	Name of University	Year of Passing with %of Marks	No. of attempts
Matric					
*M.B.B.S.					
*M.D/M.S/DNB					

**Please attach proof of Recognition of MBBS/MD/MS degree by Medical Council of India. Candidates possessing Degree/PG degree not recognized by MCI will not be allowed to appear for interview.**

10. No. of papers published: National  International

11. Details of prizes, Medals, Scholarships & National/ International Awards and Additional Qualification such as members of scientific society etc.

---



---



---

12. Chronological details of up to-date appointment after obtaining postgraduate qualification including experience as Senior Resident at AIIMS or outside: -

(attach experience certificate)

Post held	From	To	Organization / Employers Name & Address

13. (a) Central/State Medical Council with which the applicant is registered (attach proof)

---

(b) Permanent MCI/NMC/ SMC/ Medical Registration Number: \_\_\_\_\_

14. Permanent Address										15. Correspondence Address:											
Pin Code:											Pin Code:										
Mobile No:										Mobile No:											
E. Mail I.D.:										E. Mail I.D.:											

16. Details of **enclosures** attached:

**DECLARATION to be signed by the candidate**

I hereby declare that I am an Indian National and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice. I also understand that in case of my final selection, my appointment will be provisional subject to satisfactory police verification.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**(Signature of the applicant)**

**For office use only:**

**Comments of the screening committee:**

1. Eligible/Ineligible:

2. If ineligible the reasons thereof (Mark tick): Age

Educational Qualification

Incomplete Application Non

submission of fee Others

3. Submission of candidate's category certificate: OBC Candidate: Candidates must attach certificate valid for the posts under the Central Government of India which mentions that the Candidate does not belong to Creamy Layer. The vacancies are being advertised in financial year 2023-2024, therefore, valid NCL-OBC certificate issued during the period from 01.04.2023 to 31.03.2024 will be considered valid.

4. Remarks, if any:

**Name of the Screening Committee Member:**

**Signature of the Screening Committee Member:**

**ANNEXURE - II****CHECK LIST FOR THE POST OF SENIOR RESIDENT IN THE  
DISCIPLINE/DEPARTMENT OF****(Put a cross (X) wherever applicable)**

<b>Sr. No.</b>	<b>Copy of the documents (<u>self attested</u>)</b>	<b>Please tick (√)</b>
01	Certificate for Date of Birth (Class X or XII Certificate)	
02	MBBS Mark Sheets (All Semester)	
03	MBBS Degree	
04	Internship completion certificate	
05	MCI/NMC/ State Medical Council registration	
06	MD/MS/DNB/PG Diploma certificate	
07	SC/ST/OBC/ PwBD/EWS) certificate issued by the competent authority (if applicable)	
08	Experience (if any)	
09	No Objection Certificate (if any)	
10	Copies of any other relevant documents	

**Signature of the Candidate****Date:**

**ANNEXURE - III**

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri / Smt. / Kum\*..... son / daughter of shri .....of village / town..... in District ..... in ..... state belongs to..... community which is recognized as a backward class under :-

- (1) Resolution No.12011/68/93-BCC© dated 10th September 1993, published in the Gazette of India - Extraordinary - part 1, Section 1, No.186 dated 13th September 1993.
- (2) Resolution No.12011/9/94-BCC dated 19th October 1994, published in the Gazette of India -Extraordinary - part 1, Section 1, No.163, dated 20th October 1994.
- (3) Resolution No.12011/7/95-BCC, dated 24th May, 1995, published in Gazette of India -Extraordinary - part 1, Section 1, No.88, dated 25th May 1995.
- (4) Resolution No.12011/44/96-BCC, dated 6th December 1996, published in Gazette of India -Extraordinary - part 1, Section 1, No.210, dated 11th December 1996.
- (5) Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.129,dated the 8th July 1997.
- (6) Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.164,dated the 1st Sept 1997.
- (7) Resolution No.12011/99/94-BCC, published in Gazette of India - Extraordinary - No.236,dated the 11th Dec 1997.
- (8) Resolution No.12011/13/97-BCC, published in Gazette of India - Extraordinary - No.239,dated the 3rd Dec 1997.
- (9) Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.166,dated the 3rd Aug 1998.
- (10) Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.171,dated the 6th Aug 1998.
- (11) Resolution No.12011/68/98-BCC, published in Gazette of India - Extraordinary - No.241,dated the 27th Oct 1999.
- (12) Resolution No.12011/88/98-BCC, published in Gazette of India - Extraordinary - No.270,dated the 6th Dec 1999.
- (13) Resolution No.12011/36/99-BCC, published in Gazette of India - Extraordinary - No.71,dated the 4th April 2000.

Shri/Smt./Kum\*.....and/or his/herfamily ordinarily reside(s) in the.....District of the ..... State. This is also to certify that he/she does not belong to the persons/ sections (Creamy Layer) mentioned in column 3 (of the Schedule to the Government of India, Department of Personnel & Training OM NO.36012/22/93 - Estt (SCT), dated 08.09.1993) and modified vide Government of India, Department of Personnel and training O.M No.36033/3/2004-Estt.(Res) dated 09.03.2004.

Place :.....  
Dated : .....

Signature.....  
**District Magistrate/Dy. Commissioner etc.**

\*Strike out whichever is not applicable (With seal of office)

**NB:** (a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of People's Act., 1950.

**The Authorities competent to issue OBC caste certificates are indicated below:-**

- (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner /Additional Deputy Commissioner / Deputy Collector / 1st class Stipendiary Magistrate / Sub - Divisional Magistrate / Taluk Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate/ Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tahasildar, and
- (iv) Sub-Divisional Officer of the area where the Candidate and or his family resides.

**ANNEXURE - IV**

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

I \_\_\_\_\_ son/daughter 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 8.9.1993.

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.

Place:

Date:

**(Signature of applicant)**  
*(in running handwriting)*

**ANNEXURE - V****FORM OF SC/ST CERTIFICATE PRESCRIBED**

**Form of certificate as prescribed in M.H.A., O.M., No.42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per. & A.R. letter No.36012/6/76-Est. (S.C.T.), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.**

This is to certify that Shri./Smt./Kum.\* ..... son/daughter\* of .....of village/town\* ..... in district/Division\* of the State/Union Territory\* .....belongs to the..... Caste/Tribe which is recognised as a Scheduled Caste/Scheduled Tribe\* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

(as amended by the Scheduled Caste and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964.
- The Constitution (Uttar Pradesh) (Scheduled Tribes) Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.
- The Constitution (Puducherry) Scheduled Tribes Order, 2016

1. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe certificate issued to Shri/Smt\* ..... father/mother of Shri/Smt/Kum\*... .....of village/town\* in District/Division\* ..... of the State/Union Territory\* ..... who belongs to the caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe\* in the State/Union Territory\* ..... issued by the (name of prescribed authority) vide their No.....date ..... Shri\*/Smt\*/Kum\*... .....and/or his/her\* family ordinary reside(s) in village/ town\* ..... of the State/Union Territory of .....

Place .....  
Date .....

Signature .....  
\*\*Designation .....  
(With seal of Office) State/Union Territory

\* Please delete the words which are not applicable.  
Please quote specific Presidential Order. Delete the paragraph which is not applicable. Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.



**ANNEXURE - VI**

**Government of.....**  
**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY  
ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

Date \_\_\_\_\_

**VALID FOR THE YEAR\_\_\_\_\_**

This is to certify that Shri/Smt./Kumari\_\_\_\_\_son/daughter/  
wife of\_\_\_\_\_permanent resident of\_\_\_\_\_,  
Village/Street\_\_\_\_\_Post Office\_\_\_\_\_,  
District\_\_\_\_\_in the State/ Union Territory\_\_\_\_\_Pin  
Code\_\_\_\_\_Whose photograph is attested below belongs to Economically Weaker  
Sections, since the gross annual income\* of his/her "family"\*\* is below Rs. 8 Lakh (Rupees  
Eight Lakh only) for the financial year\_\_\_\_\_His/ her family does not own or possess any  
of the following assets \*\*\*

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. Yards and above in notified municipalities;
- IV. Residential plot of 200 sq. Yards and above in areas other than the notified municipalities.

Shri/Smt./Kumari\_\_\_\_\_belongs to the  
\_\_\_\_\_caste which is not recognized as a Scheduled Caste, Scheduled Tribe and  
Other Backward Classes (Central List).

Signature with seal of Office\_\_\_\_\_  
Name\_\_\_\_\_  
Designation\_\_\_\_\_

Recent Passport size attested photograph of the applicant

Recent  
Passport size  
attested  
photograph  
of the  
applicant

\* Note 1: Income covered all sources i.e. salary, agriculture, business, profession etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/ her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

**ANNEXURE - VII****NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

Affix here recent  
attested  
Photograph  
showing the  
disability duly  
attested by the  
chairperson of  
the Medical  
Board

**DISABILITY CERTIFICATE**

This is certified that Shri/Smt./Kum.....  
son/wife/daughter of Shri.....of..... age.....  
sex.....identification mark(s) is suffering from permanent disability of following  
category :-

- A Locomotors or cerebral palsy:
- (i) BL-Both legs affected but not arms.
  - (ii) BA-Both arms affected
    - (a) Impaired reach
    - (b) Weakness of grip
  - (iii) BLA-Both legs and both arms affected
  - (iv) OL-One leg affected (right or left)
    - (a) Impaired reach
    - (b) Weakness of grip
    - (c) Ataxic
  - (v) OA-One arm affected
    - (a) Impaired reach
    - (b) Weakness of grip
    - (c) Ataxic
  - (vi) BH-Stiff back and hips(Cannot sit or stoop)
  - (vii) MW-Muscular weakness and limited physical endurance
- B Blindness or Low Vision:
  - (i) B- Blind
  - (ii) PB- Partially Blind
- C Hearing impairment:
  - (i) D- Deaf
  - (ii) PD- Partially Deaf
- (DELETE THE CATEGORY WHICHEVER IS NOT APPLICABLE)

This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of  
is case is not recommended/is recommended after a period of \_\_\_\_\_years\_\_months.\*

Percentage of disability in his/her case is.....percent.

Sh./Smt./Kum.....meets the following physical requirements for  
discharge of his/her duties:-

- |  |         |
|--|---------|
| (i) F-can perform work by manipulating with fingers. | Yes /No |
| (ii) PP-can perform work by pulling and pushing      | Yes /No |
| (iii) L-can perform work by lifting                  | Yes /No |
| (iv) KC-perform work by kneeling and crouching       | Yes /No |
| (v) B-can perform work by bending                    | Yes /No |
| (vi) S-can perform work by sitting                   | Yes /No |
| (vii) ST-can perform work by standing                | Yes /No |
| (viii) W-can perform work by walking                 | Yes /No |
| (ix) SE-can perform work by seeing.                  | Yes /No |
| (x) H-can perform work by hearing/speaking           | Yes /No |
| (xi) RW-can perform work by reading and writing.     | Yes /No |

Signature and seal of the Medical Authority.

**ANNEXURE - VIII****SELF-DECLARATION**

I, Dr. \_\_\_\_\_ S/o D/o \_\_\_\_\_

appearing for interview for the post of Senior Resident on tenure Basis for All India Institute of Medical Sciences, Madurai held on \_\_\_\_\_ do hereby declare that I have not worked as Senior resident on Regular/ Ad-hoc / Contract Basis in any of the Central / State / semi Govt. / Autonomous Organizations.

**OR**

I have worked as Senior Resident on Regular / Ad-hoc / Contract Basis for the period of \_\_\_\_\_ 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 : \_\_\_\_\_

Name : \_\_\_\_\_

**ANNEXURE - IX**

**CERTIFICATE / NO OBJECTION BY THE PRESENT EMPLOYER**

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

No. \_\_\_\_\_

Date \_\_\_\_\_

Certified that Dr. \_\_\_\_\_ holds a post of \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_ on regular/adhoc/contract basis in this Department/Office/ Institution/Organization. The Institute has no objection to his/her application being considered for the post of SENIOR RESIDENT at All India Institute of Medical Sciences, Madurai In the event of his / her selection to the post, he/she will be relieved from the duty to take up the post of \_\_\_\_\_ in All India Institute of Medical Sciences, Madurai.

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(Seal with Name & Designation)

Office Stamp