

# अखिल भारतीय आयुर्विज्ञान संस्थान, पटना ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA सामुदायिक एवं परिवार चिकित्सा विभाग



**DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE** 

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान) (An Institution of National Importance under Ministry of Health Family Welfare)

Ref. No: 262 /AIIMS/Pat/C&FM/2020

FTS No. .....

Date: 22 / 05 / 2020

AIIMS Patna invites applications for appointment of the posts of Senior Resident on Adhoc basis for 89 days through Walk-in interview in **Community and Family Medicine** of this institution as per schedule and break up of vacancies as under.

Post	Department	Total	UR	OBC	SC	ST
Senior Resident (SR)	Community & Family Medicine	02	02	-	-	-

(UR- Unreserved, OBC- Other Backward Classes, SC- Schedule Caste, ST- Scheduled tribes)

Note: Vacancies may increase or decrease at the time of selection. The number of vacancies indicated above is provisional and subject to change without any notice.

#### **General Information**

- 1. UPPER AGE LIMIT (as on date of interview) will be 45 years.
- (i) Relaxation for SC/ST candidates up to a maximum period of five years and in the case of OBC candidates up to a maximum period of three years.
  - (ii) In the case of Orthopaedic/Physical Handicapped (OPH) candidates up to a maximum period of 5 years for UR, 8 Years for OBC and 10 years for SC/ST category candidates.
- Qualification for Senior Resident (Community & Family Medicine): A graduate degree (MBBS)
   MD in Community Medicine/PSM from a recognized University/Institute.
- 4. Date of Interview: 12/06/2020
- 5. Reporting time: 09:00 AM

#### 6. APPLICATION FEE

- a. UR & OBC: Rs. 1000/-
- b. No fees required for SC/ST/PWD/Women candidates.
- c. The fee shall be received in the form of Demand Draft drawn in favour of <u>"AIIMS Patna"</u> payable at Patna. (The Demand Draft will be received on the day of interview). No other mode of payment i.e. Cash/Cheque/Postal order will be entertained.
- Canvassing in any form will disqualify candidate.
- Crucial date for determination of eligibility with regard to age, educational qualification and experience etc. will be the date, the candidates appear in the interview.

- 9. Person with disability are required to produce the physically handicapped certificate (with degree of disability) in original issued by the competent authority (i.e Medical Board duly constituted by the central Govt. or State Govt.) at the time of interview.
- Subject to availability, Residents Doctors will be provided accommodation in the resident Hostel.
- 11. Selected candidates will be paid consolidated salary as per GOI.
- 12. Eligible candidates are requested to report at the <u>Department of Community & Family Medicine</u>, <u>First Floor at 9:00 AM</u> positively on the date of interview along with originals, Photocopies of relevant document and one passport size colour photograph. Application Form will be provided at the venue on the date of Interview. They have to fill in their particulars in the prescribed application format and enclosed the following relevant document duly attested:
  - i. Certificate of Date of Birth
  - ii. Certificate of SC/ST/OBC (Non-Creamy Layer) certificate from the competent authority if applicable. (Candidate must submit the latest OBC certificate issued on or after 01-06-2019 by the competent authority of Govt. of India in Format given by DOPT/Govt. of India or for the appointment to the Central Government job.)
  - iii. MBBS passed Certificate
  - iv. MBBS Mark sheets
  - v. MBBS Attempt Certificate
  - vi. MBBS Internship Completion Certificate
  - vii. Medical Registration Certificate from MCI/State Medical Council
  - viii. NOC from the present employer (if employed)
  - ix. MS/MD/DNB passed certificate (for senior resident post)
  - x. MS/MD/DNB Mark sheets (if applicable).
- 13. AIIMS Patna reserves the right to make amendments to the number of posts advertised based on the functional requirements to the institute and to fill or not fill up the posts partially or completely without assigning any reason.

(Prof. & Head)

Dept. of Community and Family Medicine
AIIMS Patna

Prof. & Head
Department of Community & Family Medicine
AIIMS. PATNA



### अखिल भारतीय आयुर्विज्ञान संस्थान पटना ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA पटना /Patna-801507

## अखिल भारतीय आयुर्विज्ञान संस्थान पटना ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Application fee(amo	Paste Recent		
	Bank:		Passport Size Photograp
Name of the applic	ant (In Block Letters)		
2. Sex (Male/Female)	:		
3. Father's/Husband's	s Name :		
4. Date of Birth and a	age (as on 01/07/2019)		
5. Category (SC/ST/O	BC/General)		
6. Whether Physical I (Put ✓ in ap	Handicapped :	Yes □ No □	
7. Nationality	:		
8. Address (In Capita	l letters)		
Col	rrespondence	Permai	nent
9 Particulars of evan	n. Passed (MBBS/BDS onwards		
Name of Exam	Institute/College & University	Month & Year of Passing	No of Attempt
MBBS/BDS			
MD/MS/DNB/MDS / PhD			



## अखिल भारतीय आयुर्विज्ञान संस्थान पटना ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA पटना /Patna-801507

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10.	Previous Experience as SR, if	any : Ye	s(Duration	n)	No	· · ·	
11.	Permanent Medical/Dental F (Provisional certificate will no	-		:.			
12.	Demand draft No (To be atta (Candidate must write his/h (Demand draft must be draw	er name	& date o	f birth on th	ne reverse	side of Dem	and Draft)
13.	E-mail address (mandatory)		:				
14.	Mobile No. (mandatory)		*				
	ALL INDIA	NSTITUT	TE OF ME	र्विज्ञान संस् DICAL SCIE applicant			
1.	Name of the applicant (In Block Letters)						
2.	Date of Birth and age (as on	_/_	/)	:			
3.	Department which applied for	or		:			
4.	Address for communication:						
	Pincode:						
		<u>F</u>	or Office (	<u>use</u>			
Depart	Department						
Date of	fInterview	:					
Report	ing Time	:			-		
Venue		l :	Dage 2 of		atna, Bihar	801507	
			Page 2 of	4			



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### **UNDERTAKING:**

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my residency, I understand my selection or residency will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Dated:

(Signature of the candidate)

\*Check list (Please tick in the box given below as proof of enclosures).

Sr. No.	Documents	Check list
1.	Application fee (Bank Draft)	
2.	Proof of Date of Birth (eg: matriculation certificate)	
3.	Permanent Medical/Dental Council Registration Certificate	
4.	Caste Certificate (if applicable)	
5.	OPH Certificate (if applicable)	
6.	MS/MDS/PHD Certificate	