

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: 476/AIIMS/Pat/C&FM/2021

Date: 15/09/2021

AIIMS Patna invites applications for appointment o 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	01	01	_	

(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. <u>UPPER AGE LIMIT</u> (as on date of interview) will be <u>45</u> 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: 04/10/2021
- 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.
- 7. Canvassing in any form will disqualify candidate.
- 8. 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.

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- 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.
- 10. 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>College Building</u>, <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 01-11-2020 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



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A	Application for the p	ost of Senior Resident in	Department of :	······································	
Ap	oplication fee(amour	nt) : D.C). No	P	te Recen
Da	nte:	Bank:		Size i	Photogra
1.	Name of the applica	nt (In Block Letters)	·		
2.	Sex (Male/Female)		• · · · · · · · · · · · · · · · · · · ·		
3.	Father's/Husband's I	Name	:		
4.		e (as on 01/07/2019)	•		1 -
5.	Category (SC/ST/OBO				
6.	Whether Physical Ha (Put ✓ in app	ndicapped	·: Yes□ No□		
7.	Nationality		:		e
8.	Address (In Capital I	etters)			* **
	Corre	espondence	Perma	nent	
	Particular of automatic	Daniel (MADDC/DDC annuald	<u> </u>		
9.	Name of Exam	Passed (MBBS/BDS onwards Institute/College & University	Month & Year of Passing	No of Attempt	
МВ	BS/BDS	2"			
MD Ph[/MS/DNB/MDS /				
DM	/MCh				



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10. Previous	Experience as SR, if an	y : Yes(Duration)	No		
	ent Medical/Dental Reg nal certificate will not b		:			<u> </u>
(Candida	draft No (To be attache ate must write his/her d draft must be drawn i	name & date of	birth on the			Draft)
13. E-mail a	ddress (mandatory)	· • <u> </u>				
14. Mobile N	No. (mandatory)	:				
	अखि ALL INDIA INS	न भारतीय आर्यु। FITUTE OF MEL	र्वेज्ञान संस्था DICAL SCIEN	न पटना NCES PATNA		
	<u>. To</u>	be filled by the	applicant		•	-
1. Name of	the applicant (In Block	Letters)	:			
2. Date of	Birth and age (as on					
3. Departm	nent which applied for		:	· · · · · · · · · · · · · · · · · · ·		
4. Address	for communication:					·
			:	-		
	Pincode:					
		For Office u	<u>ise</u>			
Department		÷				
Date of Interviev	N	*			· · · · · · · · · · · · · · · · · · ·	
Reporting Time	9	•		· · · · · · · · · · · · · · · · · · ·		· · ·
Venue		:		tna, Bihar- 80	1507	
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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	