



F.No.1-14/ANIIMS/JR/SR/Residents/2022-23  
निर्देशक एनिम्स का कार्यालय  
OFFICE OF THE DIRECTOR OF ANIIMS  
अंडमान निकोबार द्वीप समूह चिकित्सा संस्थान  
ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES  
अण्डमान तथा निकोबार प्रशासन  
ANDAMAN & NICOBAR ADMINISTRATION  
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Date: 26/09/2022

Applications are invited for walk-in interview for the post of Junior Resident (MBBS) in ANIIMS.

Date- 01<sup>st</sup> October 2022 (Saturday)

Time- 10:00 AM to 01:00 PM

Venue: Director ANIIMS Chamber, Admin Block

Note: Application format attached as Annexure 1

Director, ANIIMS

## ANNEXURE 1

1	<u>Personal Details:</u> <ul style="list-style-type: none"> <li>Name</li> <li>Email ID</li> <li>Mobile No.</li> </ul>		<b>RECENT PHOTOGRAP H</b>	
2	Date of Birth & Age			
3	Academic Qualification			
4	Address for Correspondence			
5	Permanent Address			
6	Current Job Details(if applicable): <ul style="list-style-type: none"> <li>Current Post held:</li> <li>Institution Name:</li> </ul>			
7	Academic Qualification			
	Qualification & Year of Passing	Marks % of all professional years	No. of Attempts	State Medical Council Registration Number
	MBBS (      )			
8	Check List:			
	<b>S.No</b>	<b>Walk-in along with copies of:</b>	<b>Yes/No</b>	
	1.	10 <sup>th</sup> pass certificate		
	2.	12 <sup>th</sup> pass certificate		
	3.	MBBS mark sheets (all professional years)		
	4.	Internship Completion Certificate		
	5.	MBBS provisional registration certificate		
	6.	MBBS permanent registration certificate		
	7.	MBBS degree certificate		
	8.	Aadhaar		
	9	Pan Card		

9. a) If provisional registration certificate is not available at the time of interview, then it has to be submitted within one week of appointment.  
 b) Permanent registration has to be submitted within one month of appointment.

### DECLARATION

I do hereby declare that, each statement and/or contents of this application form and /or documents, certificates submitted along with the application form, by the undersigned are absolutely true, correct and authentic. Any discrepancy if any found will disqualify my candidature.

Date:

Place

Candidate Name & Signature