

#### F.No.1-14/ANIIMS/JR/SR/Residents/2024/407 OFFICE OF THE DIRECTOR OF ANIIMS ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES ANDAMAN & NICOBAR ADMINISTRATION

### INTERVIEW

## Sri VijayaPuram,Dated 16.04.2025

 $\label{eq:Andaman & NicobarIslandsInstituteofMedicalSciences (ANIIMS), SriVijayaPuraminvites application for the ``OnlineInterview'' for the following posts.$ 

| Sl.No | Departments             | Senior Residents (Only MD/MS/DNB candidates)   |  |  |  |  |  |  |
|-------|-------------------------|--|--|--|--|--|--|--|
|       |                         | On contract for 01 years extendable by another 02 years based on annual performance review |  |  |  |  |  |  |
| 1.    | Physiology              | 1  |  |  |  |  |  |  |
| 2.    | Pharmacology            | 2  |  |  |  |  |  |  |
| 3.    | Biochemistry            | 1  |  |  |  |  |  |  |
| 4.    | Microbiology            | 3  |  |  |  |  |  |  |
| 5.    | Forensic Medicine       | 2  |  |  |  |  |  |  |
| 6.    | General Medicine        | 8  |  |  |  |  |  |  |
| 7.    | TB & Chest              | 1  |  |  |  |  |  |  |
| 8.    | Pediatrics              | 3  |  |  |  |  |  |  |
| 9.    | General Surgery         | 5  |  |  |  |  |  |  |
| 10.   | Obstetrics &Gynaecology | 1  |  |  |  |  |  |  |
| 11.   | Dermatology             | 1  |  |  |  |  |  |  |
| 12.   | Radio-Diagnosis         | 3  |  |  |  |  |  |  |
| 13.   | Emergency Medicine      | 9  |  |  |  |  |  |  |
|       | Total                   | 40   |  |  |  |  |  |  |

#### EligibilityCriteria&Remuneration:

| S1.No | Forthe<br>Post/Designat<br>ion | Essential<br>Qualificatio | Paymentsand<br>Emoluments   |  |  |  |  |
|-------|--------------------------------|---------------------------|---|--|--|--|--|
|       |                                | n<br>experience           |   |  |  |  |  |
| 1.    | SeniorResident                 | Asper NMC<br>Norms        | For MD/MS/DNB candidates consolidated monthly pay of Rs. 1,45,000 per monthwith 03% annual increment, subject renewal |  |  |  |  |

Interestedeligiblecandidatesshouldsendtheirapplicationintheprescribedformat(availableatofficialwebsiteofAndaman&NicobarAdministration<u>https://www.andaman.gov.in</u>andcollegewebsite<u>http://andssw1.and.nic.in/aniims</u>)alongwiththesoftcopiesofrelevant documentsto,Email:<u>recruitment.aniims@gmail.com</u>

The complete dapplication should have the following documents along with the application:

| <ul> <li>(1).Proofofage.</li> <li>(2) MBBS degree certificate.</li> <li>(3) MD/MS/DNB degree certificate.</li> <li>(4) Registration certificates</li> </ul> | <ul> <li>(6) NOC(NoObjectionCertificate)forthosecandidateswhoa<br/>reworkinginGovt.Organization (if applicable)</li> <li>(7) Publications</li> <li>(8) BCBRandMETcertificates(if applicable)</li> </ul> |
|---|---|
| <ul><li>(4) Registrationcertificates.</li><li>(5) Experiencecertificates.</li></ul>   | (8) BCBRandMETcertificates(if applicable)   |

□ Email:<u>recruitment.aniims@gmail.com</u>

Date of Online Interview will be intimated through the official website http://andssw1.and.nic.in/aniims of ANIIMS

Necessarydetailsandchangeswillbeintimatedthroughthe websiteofANIIMS.

Candidatesappearingfortheinterviewmustpossesstheabovementioneddocumentsinoriginalatthetimeofinterview.

NOTE:-

- The above mentioned schedule is tentative and subject to change at any stage depending upon the availability of the Selection Committee. Any changes made will be updated at ANIIMS website <a href="http://andssw1.and.nic.in/aniims">http://andssw1.and.nic.in/aniims</a>
- The Director, ANIIMS, Sri VijayaPuram reserves the right to reschedule the above dates & time at any stage of the "Interview".
- Director ANIIMS reserves the right to increase/decrease/cancel the notified vacancies at any stage of the interview/selection procedure.
- All the posts are purely temporary. The candidate has no right to claim for regular appointment.

-sd-

DIRECTOR, ANIIMS

# PRESCRIBED PROFORMA

# Particulars of the applicant for the post of Senior Resident/Tutor in Andaman and Nicobar Islands Institute of Medical Sciences

Post Applied For:.....Department:.....

| 1.             | Name (in BLOCK CAPI   | TALS)  |                          |           |           |                 |             |                 |  |              |
|----------------|---|--|--------------------------|-----------|-----------|-----------------|-------------|-----------------|--|--------------|
| 2.             | Father's name   |  |                          |           |           |                 |             |                 |  |              |
| 3.             | Date of birth and Age<br>(As on last date of a                                    |  |                          |           |           |                 |             |                 |  |              |
| 4.             | Present Address   | • / / / /                                      |                          |           |           |                 |             |                 |  |              |
| 5.             | E-mail  |  |                          |           |           |                 |             |                 |  |              |
| 6.             | Mobile/Phone number   | r  |                          |           |           |                 |             |                 |  |              |
| 7.             | Current Job Details   | 1  |                          |           |           |                 |             |                 |  |              |
| 8.             | Whether citizen of<br>Citizen of India  | India or Ov                                    | verseas                  |           |           |                 |             |                 |  |              |
| 9.             | Academic Qualification  | ion  |                          |           |           |                 |             |                 |  |              |
| 1              | Qualification & Year of Passing   |  | Name of the<br>Institute |           |           | No. of Attempts |             |                 | Registrati<br>on No. of<br>State<br>Medical<br>Council |              |
|                | MBBS (  | )  |                          |           |           |                 |             |                 |  |              |
|                | MD/MS/DNB(  | )  |                          |           |           |                 |             |                 |  |              |
|                | MSc.  |  |                          |           |           |                 |             |                 |  |              |
|                | PhD<br>Number of Research   |  |                          |           |           |                 |             |                 |  |              |
|                | indexing of the respe<br>extra page to fill deta<br>Name & type of<br>Publication |  | ions.                    |           | Indexir   | ng              |             | Impac<br>Factor | t (  | date can add |
| 10.            | Member of any Scienti<br>membership details)                                      | fic Society (Pro                               | ovide                    |           |           |                 |             |                 |  |              |
| 11.            | Experience in Details:  |  |                          |           |           |                 |             |                 |  |              |
|                | Designation   | Institution                                    |                          | Fro       | om -To    |                 | Tota<br>mon | -               | rience ir  | n Years &    |
|                |   |  |                          |           |           |                 |             |                 |  |              |
| 12.            | Check List:   |  |                          |           |           |                 |             |                 |  |              |
| Sl.<br>No.     | Documents to be attached  |  |                          |           |           |                 | Yes/No      |                 |  |              |
| No.<br>1.      | MBBS–Degree and Registration Certificate  |  |                          |           |           |                 |             |                 |  |              |
| 1.<br>2.       | MBBS-Degree and Registration Certificate<br>MSc.Degree Certificate                |  |                          |           |           |                 |             |                 |  |              |
| 2.<br>3.       | PhD Degree Certificat   |  |                          |           |           |                 |             |                 |  |              |
| i 1.           | MD/MS/DNB - Degree and Registration Certificate                                   |  |                          |           |           |                 |             |                 |  |              |
|                |   |  | on Certif                | icate     |           |                 |             |                 |  |              |
| 3.<br>4.<br>5. |   | e and Registrati                               |                          |           | te(if any | <i>v</i> )      |             |                 |  |              |
| 4.             | MD/MS/DNB - Degree  | e and Registrati<br>ficate / Super Sp          |                          |           | te(if any | /)              |             |                 |  |              |
| 4.<br>5.       | MD/MS/DNB - Degree<br>Work/experience certif                                      | e and Registrati<br>ficate / Super Sp<br>itute | pecialty c               | ertificat |           | ,               |             |                 |  |              |

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: