

F.No.1-14/ANIIMS/JR/SR/Residents/2022-23/102 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

Andaman & Nicobar Islands Institute of Medical Sciences (ANIIMS), Port Blair will conduct "Online Interview" for the post of Senior Resident (Oral and Maxillofacial Surgery) in the department of Dentistry purely on CONTRACTUAL BASIS for one year, extendable based on performance as per NMC rules/guidelines.

Post name	Senior Resident (Oral and Maxillofacial Surgery)		
No. of vacancy	01		

## Eligibility Criteria & Remuneration:

For the Post/ Designation	Essential Qualification	Payments and Emoluments		
Senior Resident	MDS ( <b>Oral and</b> <b>Maxillofacial</b> <b>Surgery</b> )	Consolidated monthly pay of Rs 1, 20, 000/- per month.		

Interested eligible candidates should submit their duly filled application form (ANNEXURE 1 available in the college website <u>http://andssw1.and.nic.in/aniims</u>) along with scanned copy of the below mentioned documents in the email <u>aniimsrecruitment2022@gmail.com</u>. The completed application should have the following documents along with the application:

**Required Documents** 

(1) Proof of age.	
(2)10 <sup>th</sup> Pass certificate	
(3) Attempt Certificate	
(4) Internship Completion Certificat	e
(5) Mark sheet of all the professional	1 Years
6)Any Academic awards, research w	ork, fellowship publication, additional qualification
& experience if any	
(7) BDS degree certificate.	
(8) MDS degree certificate.	
(9). Registration certificates of BDS	and MDS.
(10) Aadhaar card.	
(11) Pan card.	
(Candidates appearing for the inter	view must possess the above mentioned documents
in original at the time of interview)	-

- Mode of Interview: Online
- Date and Time of interview :. 25-01-2023
- Venue: Director Office, ANIIMS
- Last date for receiving the completed application is : 23-01-2023

### 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, Port Blair reserves the right to reschedule the above dates & time at any stage of the "Interview".

-sd/-

DIRECTOR, ANIIMS

# RECENT

### **ANNEXURE 1**

APPLICATION FOR THE POST OF SENIOR RESIDENT (ORAL AND MAXILLOFACIAL SURGERY)

PHOTOGRAPH

1.	NAME (	OF THE APPLICANT							
2.	FATHE	R's / HUSBAND's NAME							
3.	GENDE	R							
4.	DATE C	OF BIRTH							
5.	CONTA	CT NUMBER							
6.	E-MAIL ID								
7.	ADDRESS FOR CORRESPONDENCE								
8.	PERMA	NENT ADDRESS							
9.	QUALIFICATION		UNIVERSITY /BOARD	YEAR OF PASSING	NUMBER OF ATTEMPTS	PERCENTAGE	AWARDS / DISTINCTIO NS		
(i)	BDS								
(ii)	MDS								
(iii)	ANY OT	HER (specify)							
10.	EXPERIENCE								
	POST HELD		NAME OF INSTITUT E	FROM		ТО			
11. <b>12.</b>	REGISTRATION NUMBER								
12.	CHECK	[							
	S.NO. WALK-IN ALONG WITH COPIES OF: YES/NO								
	1	10 <sup>th</sup> pass certificate							
	2	BDS mark sheets (all professional years)							
	3	MDS mark sheets (all professional years)							
	4	Internship Completion Certificate							
	5	Attempt certificate							
	6	MDS and BDS registration certificate							
	7	MDS and BDS degree certificate							
	8	8 Aadhaar							
	9	Pan Card							

#### 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:

Candidate Name & Signature:

Place