



निर्देशक (एनिम्स) का कार्यालय  
**OFFICE OF THE DIRECTOR (ANIIMS)**  
अण्डमाननिकोबार द्वीप समूहचिकित्सासंस्थान  
**ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES**  
अण्डमान तथा निकोबार प्रशासन  
**Andaman & Nicobar Administration**

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Date: 16/10/2025

## **Notice**

Applications are invited for 06 seats for Foreign Medical Graduates aspiring to do internship in ANIIMS, can apply by mail in the prescribed format along with scanned copies of the required documents to the email id **fmg.aniims@gmail.com** and the hard copy of the application to be submitted to the Dean office, New Medical College Campus, Administrative Block, Corbyn's Cove, ANIIMS, on or before **20<sup>th</sup> November 2025, 4:00pm.**

Please find the enclosure below for the documents to be submitted.

Sd/  
Chairman FMG Committee



ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES (ANIIMS), Sri Vijaya Puram

FORM TO BE FILLED IN CAPITAL LETTERS ONLY

Proforma to be filled by Foreign Medical Graduate Applicants

|   |                                                                                                                  |  |                                               |
|---|------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|
| 1 | <div>Personal Details:</div> <div><div>Name</div><div>Email ID</div><div>Mobile No.</div><div>Gender</div></div> |  | RECENT<br>PHOTOGRAPH<br>TO BE<br>COUTERSIGNED |
| 2 | Date of Birth & Age                                                                                              |  |                                               |
| 3 | Academic Qualification                                                                                           |  |                                               |
| 4 | Address for Correspondence                                                                                       |  |                                               |
| 5 | Permanent Address                                                                                                |  |                                               |
| 6 | Present Address                                                                                                  |  |                                               |
| 7 | GOI issued ID No.<br>(Passport/PAN/Voter ID/<br>Aadhaar)                                                         |  |                                               |
| 8 | Name of medical college from<br>where graduated &<br>Country                                                     |  |                                               |
| 9 | Indian citizen or Foreign<br>National                                                                            |  |                                               |

| 10   | <div>Check List:</div> <table><tr><th>S.No</th><th>Documents to be attached</th><th>Yes/No</th></tr><tr><td>1</td><td>MBBS -Degree and Registration Certificate</td><td></td></tr><tr><td>2</td><td>NMC foreign medical graduate examination result copy and pass certificate</td><td></td></tr><tr><td>3</td><td>Eligibility certificate from Tamilnadu Medical Council</td><td></td></tr><tr><td>4</td><td>Copy of ID issued by GOI (Passport No/ PAN No/ Voter ID No/ Aadhar Card No)</td><td></td></tr></table> | S.No   | Documents to be attached | Yes/No | 1 | MBBS -Degree and Registration Certificate |  | 2 | NMC foreign medical graduate examination result copy and pass certificate |  | 3 | Eligibility certificate from Tamilnadu Medical Council |  | 4 | Copy of ID issued by GOI (Passport No/ PAN No/ Voter ID No/ Aadhar Card No) |  |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|--------|---|-------------------------------------------|--|---|---------------------------------------------------------------------------|--|---|--------------------------------------------------------|--|---|-----------------------------------------------------------------------------|--|
| S.No | Documents to be attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes/No |                          |        |   |                                           |  |   |                                                                           |  |   |                                                        |  |   |                                                                             |  |
| 1    | MBBS -Degree and Registration Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                          |        |   |                                           |  |   |                                                                           |  |   |                                                        |  |   |                                                                             |  |
| 2    | NMC foreign medical graduate examination result copy and pass certificate                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                          |        |   |                                           |  |   |                                                                           |  |   |                                                        |  |   |                                                                             |  |
| 3    | Eligibility certificate from Tamilnadu Medical Council                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                          |        |   |                                           |  |   |                                                                           |  |   |                                                        |  |   |                                                                             |  |
| 4    | Copy of ID issued by GOI (Passport No/ PAN No/ Voter ID No/ Aadhar Card No)                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                          |        |   |                                           |  |   |                                                                           |  |   |                                                        |  |   |                                                                             |  |

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