



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक वैधानिक निकाय
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)

Ref No: -09-110/2024-25/AIIMS/GHY/DEAN(A)/JR(Adhoc)/466D(A)

Date: 12/07/2025

Recruitment Advertisement

1. Walk-in-Interview for the Post of Junior Residents (Non-Academic) – 44 Days Tenure

It is hereby informed that a walk-in-interview will be conducted for recruitment of Junior Residents (Non-Academic) on temporary basis for a period of 44 days at AIIMS Guwahati as per the following schedule:

- **Tentative Date of Interview:** 21 July 2025
- **Reporting Time:** 9.00 A.M.
- **Venue:** AIIMS Guwahati, Medical College Building.
- **No. of Posts:** 15.

2. Eligibility Criteria:

1. MBBS degree from a recognized Institution.
2. Completion of internship.
3. Registration with Medical Council (State/India).

3. Instructions for Candidates:

Eligible and interested candidates are required to fill up the application form (Attached herewith) and email the duly filled form to: academic-section@aiimsguwahati.ac.in

- **Last date of submission of application form by E-mail is 17/07/2025 (Thursday)**

The subject of the email should be: "**Application for JR (Non-Academic) – 44 Days**"

Candidates must bring original and two photo copies of the following document along with original application form hard copies of the same on the day of Interview.

1. MBBS Degree Certificate/FMGE certificate (as applicable).
2. Internship Completion Certificate.
3. Medical Registration Certificate.
4. Date of Birth Proof.
5. Government-issued Photo ID (Aadhaar/Passport/PAN).

4. Maximum age limit- Not exceeding 33 (Thirty-three) years as on the date of publication of this notification in Institute website.

Sd/-
Registrar
AIIMS Guwahati

APPLICATION FORM FOR WALK IN INVIEW FOR THE POST OF JUNIOR RESIDENTS, AIIMS, GUWAHATI

Advertiser lent No.		Please attach recent passport size photo.
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Personal Details (in Block Letters)

1. Full Name									

2. Father's /Husband's Name									

3. Address for Correspondence									

4. Permanent Address									

5. E-mail.Id (In capital letters)	
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6. Phone/Cell No.1									
Phone/Cell No.2									
Land Line No.									

7. Date of birth (Please attach document for evidence)	D	D	M	M	Y	Y	Y	Y	8. Nationality	
									9. Name of the State to which you belong	
									10. Gertder (Male / Female)	

11. Category	UR	OBC	SC	ST
12. If Physically Challenged (OPH Category) Percentage Disability				

13. Details of Educational Qualifications				
Examination Passed	University/ Board/ Institution/ Council of Examination	Marks (%)	Month, Year of Passing	No. of Extra Attempts
Secondary (10 th)				

Senior Secondary (12 th)					
MBBS/BDS		1 st MBBS			
		2 nd MBBS			
		3 rd MBBS Part-I			
		3 rd MBBS Part-II			
FMGE (if applicable)					

14. NMC/State Medical Council Registration Number:

15. Details of work experience:

15. Name of the Organization	Period of Service												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for leaving Services
	From						TO									
	o	o	M	M	Y	Y	D	D	M	M	Y	Y				

16. Internship completion/Yes No

If yes from (dd/mm/yyyy) to (dd/mm/Yyyy)

17. **Please bring all the originals as supporting documents for all the items filled in the application form** and 02 sets of attested photocopies of related documents at the time of interview..

18. I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/ services are liable to be terminated without any notice. I ___agree to abide by the terms and conditions of contractual appointment.

Signature Of the candidate