

#### 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 Vijaya Puram, Dated 16.04.2025

Andaman & Nicobar Islands Institute of Medical Sciences (ANIIMS), Sri Vijaya Puram invites application for the "**Online Interview**" 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.   | Radio-Diagnosis    | 3  |  |  |  |  |  |  |
| 11.   | Emergency Medicine | 9  |  |  |  |  |  |  |
|       | Total              | 34   |  |  |  |  |  |  |

### Eligibility Criteria & Remuneration:

| S1.No | For the<br>Post/Designat<br>ion | Essential<br>Qualificatio<br>n | Payments and<br>Emoluments   |  |  |  |  |  |
|-------|---------------------------------|--------------------------------|--|--|--|--|--|--|
|       |                                 | experience                     |  |  |  |  |  |  |
| 1.    | Senior Resident                 | As per NMC<br>Norms            | For MD/MS/DNB candidates consolidated monthly pay of Rs. 1,45,000 per month with 03% annual increment, subject renewal |  |  |  |  |  |

Interested eligible candidates should send their application in the prescribed format (available at official website of Andaman & Nicobar Administration <u>https://www.andaman.gov.in</u> and college website <u>http://andssw1.and.nic.in/aniims</u>) along with the soft copies of relevant documents to, Email:<u>recruitment.aniims@gmail.com</u>

The completed application should have the following documents along with the application:

| (1).Proof of age.                 | (6) NOC(No Objection Certificate)for those candidates |
|-----------------------------------|---|
| (2) MBBS degree certificate.      | who are working in Govt. Organization (if applicable) |
| (3) MD/MS/DNB degree certificate. | (7) Publications                                      |
| (4) Registration certificates.    | (8) BCBR and MET certificates (if applicable)         |
| (5) Experience certificates.      |   |

 $\Box$  Last date for receiving the completed application for the post of Senior Resident is on 30.04.2025

- **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
- Necessary details and changes will be intimated through the website of ANIIMS.
- Candidates appearing for the interview must possess the above mentioned documents in original at the time of interview.

#### 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://andsswl.and.nic.in/aniims">http://andsswl.and.nic.in/aniims</a>
- The Director, ANIIMS, Sri Vijaya Puram 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.

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# 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 CAP  | ITALS)            |             |           |          |                 |                     |           |           |               |
|------------|---|-------------------|-------------|-----------|----------|-----------------|---------------------|-----------|-----------|---------------|
| 2.         | Father's name   |                   |             |           |          |                 |                     |           |           |               |
| 3.         | Date of birth and Age<br>(As on last date of a                    |                   |             |           |          |                 |                     |           |           |               |
| 4.         | Present Address   | <b>PP</b>         |             |           |          |                 |                     |           |           |               |
|            |   |                   |             |           |          |                 |                     |           |           |               |
| 5.         | E-mail  |                   |             |           |          |                 |                     |           |           |               |
| 6.         | Mobile/Phone number   | er                |             |           |          |                 |                     |           |           |               |
| 7.         | Current Job Details   |                   |             |           |          |                 |                     |           |           |               |
| 8.         | Whether citizen of Citizen of India                               | India or Ov       | verseas     |           |          |                 |                     |           |           |               |
| 9.         | Academic Qualificat   | tion              |             |           |          |                 |                     |           |           |               |
|            | Qualification & Year of Passing                                   |                   | Name of the |           |          | No. of Attempts |                     |           |           | Registrati    |
|            |   |                   |             | Institute |          |                 |                     |           |           | on No. of     |
|            |   |                   |             |           |          |                 |                     |           |           | State         |
|            |   |                   |             |           |          |                 |                     |           |           | Medical       |
|            | MDDC (  |                   |             |           |          |                 |                     |           |           | Council       |
|            | MBBS (  | /                 |             |           |          |                 |                     |           |           |               |
|            | MD/MS/DNB (<br>MSc.   | )                 |             |           |          |                 |                     |           |           |               |
|            | PhD   |                   |             |           |          |                 |                     |           |           |               |
| 10.        | Number of Research  | publications (    | Attach t    | ha fira   | t nage   | of eac          | h ar                |           | na with   | proof of      |
| 10.        | indexing of the resp  |                   |             |           |          |                 |                     |           |           |               |
|            | extra page to fill det  |                   |             |           | Juoneu   | .1011 01        | une .               | urticic). | Cunu      | dute cuir udu |
|            |   | 1                 |             |           |          |                 |                     |           |           |               |
|            | Name & type of  | Name o            | f Journa    | 1         | Index    | ing             |                     | Impac     | t (       | Citations     |
|            | Publication   |                   | Agen        |           |          |                 | Factor              |           |           |               |
|            |   |                   |             |           |          | •               |                     |           |           |               |
|            |   |                   |             |           |          |                 |                     |           |           |               |
|            |   |                   |             |           |          |                 |                     |           |           |               |
|            |   |                   |             |           |          |                 |                     |           |           |               |
|            |   |                   |             |           |          |                 |                     |           |           |               |
|            |   |                   |             |           |          |                 |                     |           |           |               |
| 10.        | Member of any Scient  | ific Society (Pro | ovide       |           |          |                 |                     | 1         |           |               |
|            | membership details)   |                   |             |           |          |                 |                     |           |           |               |
| 11.        | Experience in Details:  |                   |             |           |          |                 |                     |           |           |               |
|            | Designation Institution   |                   | tion        |           | From -To |                 | Total Experience in |           | n Years & |               |
|            |   |                   |             |           |          |                 | mo                  | nths      |           |               |
|            |   |                   |             |           |          |                 | -                   |           |           |               |
|            |   |                   |             |           |          |                 |                     |           |           |               |
| 12.        | Check List:   |                   |             |           |          |                 |                     |           |           |               |
| 12.<br>Sl. | Documents to be attac   | hed               |             |           |          |                 |                     |           | Yes/N     | Io            |
| No.        | Documents to be attached  |                   |             |           |          |                 | 105/1               |           |           |               |
| 1.         | MBBS–Degree and Registration Certificate                          |                   |             |           |          |                 |                     |           |           |               |
| 2.         | MSc. Degree Certificate   |                   |             |           |          |                 |                     |           |           |               |
| 3.         | PhD Degree Certificate  |                   |             |           |          |                 |                     |           |           |               |
| 4.         | MD/MS/DNB - Degree and Registration Certificate                   |                   |             |           |          |                 |                     |           |           |               |
| 5.         | Work/experience certificate / Super Specialty certificate(if any) |                   |             |           |          |                 |                     |           |           |               |
| 6.         | NOC from current institute  |                   |             |           |          |                 |                     |           |           |               |
| 7.         | Copy of Photo ID issued by GOI (Passport or Aadhar Card No)       |                   |             |           |          |                 |                     |           |           |               |
| 8.         | All other Supporting Documents should be attached                 |                   |             |           |          |                 |                     |           |           |               |

### **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: