



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)  
भारत सरकार / Government of India  
अधिष्ठाता (शैक्षणिक) कार्यालय / Office of the Dean (Academics)

Ref. No. 2-118/2022-23/AIIMS/GHY/ESTT/RECT(JR)/1801D(A)

Date: 28<sup>th</sup> February, 2025

[Walk-In Interview](#)

[For Engagement of Junior Residents \(Non-Academic\) for a period of 89 days at various Departments of AIIMS, Guwahati](#)

Eligible candidates are invited to appear for walk in interview of Junior Resident (Non-Academic) on contract basis for 89 days for various Departments at AIIMS, Guwahati.

Sl. No.	Total Number of Vacancy	UR	OBC	SC	ST	EWS
01.	34	13	09	05	03	04

**General Instructions: -**

Education Qualification	MBBS from recognized Institute/College
Date of Interview	To be notified soon in website

**Important Instructions: -**

1. **Keep checking the Institute website regularly.**
2. Candidates are to fill the application form attached herewith, scan the filled form and the payment receipt as a single PDF document and upload the same in the link provided in the website.
3. **Last date of receiving application along with payment is 10<sup>th</sup> March 2025 till 5 PM.**
4. On the day of interview, all candidates are instructed to bring all the original documents, 2 Passport size colored photograph and 1 set of photocopies for verification (Proof of Date of Birth, MBBS Marksheet & Degree Certificate, Caste Certificate OBC/SC/ST/EWS/PWBD, Attempt Certificate, FMGE Certificate if applicable, payment receipt).
5. Reporting time will be 8:30 to 10:30 AM on the specified date of the interview. **No candidates will be allowed after closing time i.e., 10:30 AM on the specified date of the interview.**
6. **In case, the number of candidates applying for the post are more than expected, a multiple-choice question (MCQ) based examination will be conducted. Accordingly, candidates who qualify will be eligible for the interview.** Kindly note that the interview may be conducted on the same day or on the next day of MCQ exam.
7. **Processing fee of Rs. 500/- is applicable. The same may be deposited in the account details given below.**
  - Account Name – AIIMS Guwahati
  - Account no – 40132694932
  - IFSC Code- SBIN0064360

❖ **For any payment related problem and queries mail – [account-office@aiimsguwahati.ac.in](mailto:account-office@aiimsguwahati.ac.in)**
8. Candidates who have already completed 18 months of Junior Residency as per residency scheme will not be eligible.
9. Maximum age limit- Not exceeding 33 (Thirty-three) years as on the date of publishing this notification in Institute website. Upper age limit shall be determined as on date of publishing this notification in Institute website.
- Age relaxation permissible to various categories is as under:-

Sl. No.	Category	Age relaxation permissible beyond the upper age limit
01.	PwD (OPH)	10 years
02.	SC/ST	05 years
03.	OBC	03 years

10. **Clarification & Enquiries: [dean-academic@aiimsguwahati.ac.in](mailto:dean-academic@aiimsguwahati.ac.in)**

Sd/-  
Dean (Academics)  
AIIMS, Guwahati



4. Permanent Address																	

5. E-mail ID																	
6. Phone/ Cell No.1																	
Phone/ Cell No. 2																	
Landline No.																	

7. Date of Birth	D	D	M	M	Y	Y	Y	Y	8. Nationality	
									9. Name of the state to which you belong	
									10. Gender	

11. Category	UR	OBC	SC	ST

12. If physically challenged (OPH category) Percentage disability	
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13. Details of Educational Qualifications					
Examination Passed	University/ Board/ Institution/ Council of Examination	Marks (%)		Month, Year of Passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )					
Senior Secondary (12 <sup>th</sup> )					
MBBS/BDS		1 <sup>st</sup> MBBS/BDS			
		2 <sup>nd</sup> MBBS/BDS			
		3 <sup>rd</sup> MBBS Part-I/ 3 <sup>rd</sup> Year BDS			
		3 <sup>rd</sup> MBBS Part-II/ 4 <sup>th</sup> Year BDS			
FMGE (if applicable)					

14. NMC/State Medical Council Registration Number:

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				

16. Internship completion/Yes or 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. Details of Application Fee: Transaction ID.....Date.....

18.1 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

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agree to abide by the terms and conditions of contractual appointment.