



AIIMS/BBS/Dean/SR/49-A/1436

Date: 14-07-2021

**RESULT OF SENIOR RESIDENT (NON-ACADEMIC) FOR QUARTER ENDING APRIL 2021:
INTERVIEW HELD ON 06-07-2021, 07-07-2021 & 08-07-2021
(Advertisement No. AIIMS/BBS/Dean/SR/49-A/1075 dated 13th May, 2021)**

The following candidates have been selected based on the recommendation of the Selection Committee for appointment as Senior Residents (Non-Academic) on tenure basis:

BIOCHEMISTRY			
SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. CHENDAR BODA	ST	Male

BURNS & PLASTIC SURGERY			
SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. RATNAKAR SINGAMSETTY	UR	Male
2	DR. SOURABH SHANKAR CHAKRABORTY	UR	Male

CARDIOTHORACIC SURGERY			
SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. SOUMYARANJAN DAS	UR	Male

DERMATOLOGY			
SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. MANOJ KUMAR NAYAK	UR	Male
2	DR. ARUNIMA RAY	UR	Female
3	DR. SOUFILA KT	OBC	Female

ENT			
SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. PRITY SHARMA	UR	Female

FORENSIC MEDICINE & TOXICOLOGY			
SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. BIPLAB RATH	UR	Male

GENERAL MEDICINE			
SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. SMRITIMAYEE PANDA	UR	Female
2	DR. JYOTSHNARANI SAHU	OBC	Female

GENERAL SURGERY

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. SIDHARTH SARTHAK	UR	Male
2	DR. RIMY PRASHAD	UR	Female
3	DR. ABHISHEK GANGULY	UR	Male
4	DR. KIRAN KUMAR KANAR	UR (Selected Under EWS Category)	Male
5	DR. MALLA NAVYA TEJA	OBC	Male

MICROBIOLOGY

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. PRASHANTH .P	UR	Male

OBSTETRICS & GYNAECOLOGY

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. ISHITA AGARWAL	UR	Female
2	DR. SUBHASHREE SETHI	SC	Female

OPHTHALMOLOGY

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. KOYEL CHAKRABORTY	UR	Female

ORTHOPAEDICS

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. PAULSON VARGHESE	UR	Male
2	DR. VIVEK P KSHEERASAGAR	OBC	Male

PAEDIATRIC SURGERY

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. SASWATI BEHERA	UR	Female
2	DR. ADITYA ARVIND MANEKAR	UR	Male

PAEDIATRIC & NEONATOLOGY

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. NILAMANI PATRA	UR	Male
2	DR. SHYAM CHANDRASEKAR	UR	Male
3	DR. SWASTHI KABI SATPATHY	UR (Selected Under EWS Category)	Female
4	DR. KARTHIKA IK	OBC	Female
5	DR. SANTOSH KUMAR DAS	SC	Male

PATHOLOGY

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. NIRAJ PRASAD	OBC	Male
2	DR. ASHA PREMLATAOMEGA ORAON	ST	Female

PHYSIOLOGY

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. MAHAVEER JAIN	UR	Male

PMR

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. GORLE SUJATHA	OBC	Female

RADIODIAGNOSIS

SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. YASH OMPRAKASH BHUTADA	UR	Male
2	DR. TARA PRASAD TRIPATHY	UR	Male
3	DR. KANICA RAWAT	UR (Selected Under EWS Category)	Female
4	DR. RANJAN KUMAR PATEL	OBC	Male
5	DR. VIDYADHAR CHAUHAN	OBC	Male

TRANSFUSION MEDICINE

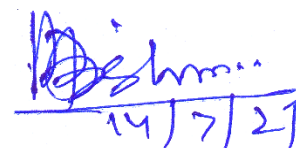
SL.No.	NAME OF THE CANDIDATE	CATEGORY	GENDER
1	DR. NAMRATA DATTA	UR	Female

Important Notes:-

1. The candidate(s) is/are advised to visit the Institute's website i.e., www.aiimsbhubaneswar.nic.in for **downloading different proforma to be duly filled in and submit at the time of joining** (Annexure 1-6) by those who have been issued with Offer of Engagements along with all original certificates as per the followings:

- Identity Proof (Passport, Driving License, Voter Card, Aadhar Card)
- PAN Card
- 10th & 12th Certificate (for proof of Age)
- MBBS Mark Sheets & Certificate
- MBBS Degree Original Certificate
- Internship completion Certificate
- MD/MS/DNB Mark Sheets & Degree Certificate
- DM/MCh Mark Sheets & Degree Certificate (if applicable)
- Medical Registration Certificate (MCI/ State Medical Council)
- Caste Certificate (if applicable)
- Experience certificate / Relieving letter (if applicable)

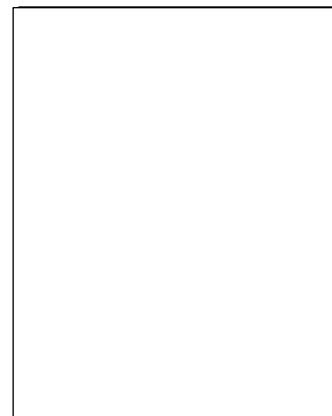
2. The above result is provisional subject to fulfilling of all eligibility criteria as per the advertisement and Terms & Conditions of the Institute. In case, it is found that any of the above candidate is not fulfilling any of the eligibility criteria or not meeting the Terms & Conditions of the Institute at any stage, his/her candidature will be treated as cancelled.


14/7/21

कुलसचिव/Registrar
अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर (ओडिशा)
All India Institute of Medical Sciences, Bhubaneswar (Odisha)

ANNEXURE – 1

CHARACTER AND ANTECEDENTS VERIFICATION FORM



Sl No	Particulars		
1.	Full name with aliases, if any (Please indicate if you have added or dropped at any stage any part of name or surname)	:	
2.	Present address in full, with police station and District.	:	
3.	Home/ Permanent address in full with police station And district.	:	
4.	Particulars of place with periods of residence where you have resided during the preceding two years		
	Period	Address in full with P.S and Distt.	
	From	To	
5.	Father's name in full with aliases , if any		Nationality:
	Place of Birth	Occupation. (If employed give Designation and office address)	Present Address
			Permanent Address
6.	Applicant's Nationality	:	

7.	Date of Birth:	Age at Matriculation:			
8.	Two marks of identification	:			
9.	Educational Qualification showing places of education with yrs in school & colleges since 15 yrs of age.				
	Name of School /Colleges with full address	Period		Examination Passed	
		From	To		
				High School / SSC / Matric	
				Intermediate	
				Graduate	
				Post Graduate	
10.	Give full particulars with details of previous & present employments up-to -date:				
	Period	Designation	Full name & address of employer / organization	Nature of employment	Reason for leaving previous services
11.	If the previous employment was under the Govt. of India / State Govt.				
	Undertaking owned of controlled by Govt./ or autonomous body /				
	University / local body, state briefly whether you had been terminated/				
	Removed /dismissed from service on any disciplinary proceedings/				
	Charges or had you been called upon to explain your conduct in any matter before or at a subsequent date of your actual termination/				
	Dismissal/removal retirement. etc.				
12.	a.	Have you ever been arrested?	Yes	No	
	b.	Have you ever been prosecuted?	Yes	No	
	c.	Have you ever been kept under detention?	Yes	No	
	d.	Have you ever been bound down?	Yes	No	
	e.	Have you ever been fined by a court of law?	Yes	No	

	f. Have you ever been convicted by a Court of law ?	Yes	No
	g. Is any case pending against you in any Court of law ?	Yes	No
	h. Whether discharged / expelled withdrawn from any training institution under the Govt. or otherwise ?	Yes	No
13.	Names & address of two responsible persons other than relatives to whom you are known	1. 2.	

I certify that, the informations mentioned above are correct and complete to the best of my knowledge and belief.

Counter signature of
Employer/authorised
Signatory with stamp

Signature of applicant
Date _____
Place _____

ANNEXURE - 2

(To be produced by eligible candidates only on Rs.10 non-judicial stamp paper, duly signed)

I, Dr. _____ aged _____ years, S/D/W/o of _____

Address _____ Mobile No. _____, email
ID _____,

do hereby solemnly declare as follows:

1. That I have passed my 10th examination in the year _____ as per certificate issued by Board. My Date of birth is _____
2. All my qualifying degrees (MBBS, MD/MS, MCH/DM) as declared by me on my application are recognized by MCI,
3. The Institute/College from which I have obtained my qualifying degree are recognized by MCI in that particular year in which I passed my qualifying degree. There is no legal lacuna regarding the recognition of my degree by MCI.
4. I have registered my MBBS degree under _____ (Name of the State Medical Council) and the registered number is _____, Year _____,
5. I have registered my MD/MS/MCH/DM degree under _____ (Name of the State Medical Council) and the registered number is _____, Year _____.
6. All teaching and/or research experience(s) claimed by me in the application form are valid and from institutes recognized by Medical Council of India/ Govt. of India regulatory bodies.
7. I belong to _____ category as per Government of India guidelines.
8. **I am not currently employed in any government/private institution.**
9. I undertake that I have not suppressed any fact and all facts submitted are true to the best of my knowledge. If any facts and figure are found wrong or concealed at any given point of time of my professional career, I may be penalized as deemed fit and my candidature to this recruitment will be treated as cancelled.
10. I also undertake that, there is no disciplinary/police case pending against me.

Deponent

Sworn before me

Deponent



Aadhaar Card No.																				
Pan Card No.																				

Telephone Numbers (Mobile / Landline):

	Mobile										Landline									
Candidate																				
Father																				
Mother																				

Email ID: (In CAPITAL LETTERS)

Candidate																				
Father																				
Mother																				

Guardian Name																				
Address for Correspondence																				
Telephone Numbers	Mobile										Landline									
Email ID: (In CAPITAL LETTERS)																				

Signature of Parent / Guardian

Signature of the student

ANNEXURE - 4

Checklist for Joining of Fresh Appointment/Engagement at AIIMS, Bhubaneswar

SI.No	Particulars	Filled by Candidates	Documentary Evidence	Remarks
1.	Full Name		Matriculation Certificate / Birth Certificate/	
2.	Date of Birth		Matriculation Certificate / Birth Certificate	
3.	Designation and Department		Appointment Letter	
4.	Permanent Address		Voter Identity Card/ Aadhar Card/Certificate from Tehsildar / Passport	
5.	Temporary Address		Rent deed/ Electricity bill/ Landline Telephone bill	
6.	Contact details (Mobile Number, E-mail)	Mobile No 1:		
		Mobile No 2:		
		Land line:		
		E-mail ID :		
7.	Academic Qualification		Proof of Certificate	
	a) Matriculation			
	b) 10+2 board			
	c) MBBS Mark sheet			
	d) MBBS Degree			
	e) Internship Certificate			
	f) MS/MD/MDS Mark Sheet			
	g) MS/MD/MDS Degree			
	h) MCh/DM/DNB Mark Sheet			
	i) M.Ch/DM/DNB Degree			
	j) M.Sc./PhD			
	k) Any other			
l) Experience Certificate				

8.	Registration with Medical Council of India/ State Medical Council (Registration No. & Date with Renewal date)	MBBS		Registration Certificate	
		MD/MS/MDS			
		DM/MCh			
9.	Character Certificate from two gazette officers			As per the prescribed format	
10.	Discharge/Relieving certificate from previous employer and Last Pay Certificate (LPC)			From the employer	
11.	EWS/OBC/SC/ST/PWBD Certificate if applicable			In the standard format	
12.	Family details with date of birth a. Next of Kin b. Dependents			Self-declaration	
13.	Statement of marital declaration			Marriage certification/ Self-certification	
14.	Affidavit of Non-practicing				
15.	Medical Fitness			Medical Board, AIIMS, Bhubaneswar	

I agree that, the information I am providing is true to the best of my knowledge and belief and I agree that if any discrepancy is found at any stage will be taken to be legally void. Also, in such a case I may be submitted to such legal, financial or administrative action as the competent authority of the Institute, Government may deem fit at the time of the detection of such discrepancy.

Signature of Candidate

Date:

ANNEXURE - 5

FAMILY DETAILS

LIST OF FAMIYY MEMBERS FOR ENROTMENT.

NAME	RELATIONSHIP	AGE	OCCUPATION	CONTACT NO.

MARITAL DECLARATION

Dr. _____ IS HEREBY DECLARE THAT, I AM MARRIMED/
UNMIRRED AS ON DATE _____.

(IF MARRIED, MARRIAGE CERTIFICATE TO BE ATTACHED.)

DATE :

SINATUTE OF THE CANDIDATE

ANNEXURE - 6

UNDERTAKING

I, Dr. _____, aged about _____ years,

Son/daughter of _____, resident of

do hereby solemnly affirm and state as under: -

1. That I do hereby declare that I am not indulged or doing of private practice any kind including laboratory and consultant practice.
2. That presently I am not working at any other Institutions or Medical College or Government/Autonomous/Semi Government organisation. I have been relieved by the institution where I was working previously.
3. That I have passed MBBS in the year _____.
4. That I am not drawing any salary/pension from any source.
5. That once I joined at AIIMS, Bhubaneswar I will continue for a minimum period of three months.

(Signature of the Candidate)