

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR,(H.P.)





Advertis	ement No.				Please
Name of the Post					attached Recent
Name of the Department applied for					Passport Size Photo
1.	(a) Full Name (BLO	CK LETTERS):			
	(Su	rname)	(First Name)	(Second Nan	ne)
	(b) Sex:Male/Femal	e: (c) Ma	rital Status: Marr	ried/Unmarried:	
2.	Father's/Husband's				
3.	(a) Mailing Address:				
	Tel.	No.	PIN	N:	
	Fax	No	Mobile No.		
	Em	ail ID:			
	(b) Permanent Addr	ess_			
	Tel.	No.	PIN	N:_	
4.	(a) Date of Birth:	()	()	()	
		(Date)	(Month)	 (Year)	
	(b) Age:	()	()	()	
	, , ,			(Dava)	
		(Yrs.)	(Months)	(Days)	
	(c) Sex:	(Male/Female):			
5.	Whether belongs to	: UR EV	vs sc	ST OBC	
	se strike out which is n ribed by the Govt. of Ir		ch attested copy	of certificate on the pro	oforma

6. State of Domicile:

7.	Nationa	lity:			Relig	ion :		
8.	(a)	Registra	tion No. w	ith the l	Medical C	ouncil:		
	(b)	State in	which regi	stered:				
9.			lifications					
	(Please		ttested co raduate C		certificate	s/degree	es in support of yo	ur qualifications)
						. 1	OL /D:::	
Passe	nation ed	Yea Pas	ir of sing	_ N	lo. of atter	npts	Class/Division	University/ Institution
Matric	:/S.S.C.							
Interm HSC	ediate/							
B.Sc.								
M.B.B	3.S./B.D.S							
1 st Pro								
2 nd Pr								
3 rd Pro	Offi.							
Final I	Profl.							
	b)	Postgra	duate Ca	reer				
Exami Passe	nation ed		ear of assing		No. of atte	empts	Class/Division	University/ Institution
M.D./ľ	M.S./M.D.	S.						
D.M./ľ	M.Ch.							
D.N.B	i.							
M.Sc.								
Ph.D.								
10.			arch Expe ttested co		experienc	e certific	cates)	
	a) Bet	oro obta	ining Pos	taradı	ata Quali	fication		
	a) De	Per		Sigradu	Total Per		Pay Scale	Employer's
Post h	neld		To	Yrs.	mths.	days		Address
(Indica	neld ate orary/	From						
(Indica	neld ate	From						
(Indica	neld ate orary/	From						
(Indica	neld ate orary/	From						
(Indica	neld ate orary/	From						
(Indica	neld ate orary/	From						

(b) After obtaining Postgraduate Qualification:

Post held	Period		Total Period			Pay Scale	Employer's Address
(Indicate	From	То	Yrs.	mths.	days		Address
temporary/							
permanent)							

- Details of Prizes, Medals, Scholarships & National/ International Awards etc.
- 12. Additional qualification such as membership of scientific society etc.

13. Research experience, if any, together with details of published works in indexed journals.

Published Accepted for publication Presented at conference Indexed Non Indexed

NUMBER OF PAPERS

NATIONAL

INTER-NATIONAL

14. Chapter in books/books edited :

15. (a) Present employment/ post held :

(b) Pay Scale :

(c) Total emoluments drawn :

(d) Address of present employer :

16. Are you willing to accept the minimum initial pay offered? If not, state what is the exact initial pay you would accept in the prescribed scale?

17. If selected, what notice would you require before joining

18. Have you been outside India for Academic Purpose? If so, give following information

Country	Dates	Dates of visit		Duration of visit		Purpose of visit
visited	From	То	Yrs.	Mths.	Days	

19. State the foreign languages you know:							
Foreign Language Can read Can write Can spe	ak						
(i)							
(ii)							
(iii)							
20. Give below the names/ particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post. Note: i. You should have worked with one of the referees for atleast two years. ii. They must not be related to your fitness for the post. Selection Committee of the In	the						
NAME STATUS ADDRESS							
21. Self-evaluation of your work, particularly its strengths in different fields of including patient-care, teaching research and administrative, related to the job, version of the control of the contr							
your view, entitles you to the post applied for may be given in Annexure- A.							
Please submit along with your application, the photocopies of your publication you consider `BEST' as under:-	s which						
i) For the post of Professor (01 copy of 07 best publications)							
ii) For the post of Additional Professor (01 copy of and Associate Professor 4 best publications)							
iii) For Assistant Professor (01 copy of 3 best publications)							
23. I attach attested copies of certificates/ degrees in support of age, category, qua and experience etc. as per list enclosed Annexure-B.	lification						
NOTE:							
INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED W DEMAND DRAFT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED							
Date: Place: Signature of the candidate	te						
DECLARATION BY THE CANDIDATE							
Post applied for in Dept ofat AIIMS Himachal Pradesh.	Post applied for in Dept of at AIIMS Bilaspur, Himachal Pradesh.						
I hereby declare that the above information is true, complete and correct to the be	st of mv						
knowledge and belief. I have not suppressed any material, fact or factual informunderstand that my candidature is liable to be rejected in the event of a statement/discrepancy in the particulars being detected and after my appointment in event, my services are liable to be terminated without any notice to me or reasons there not aware of any circumstance which might impair my fitness for employment un	nation. I ny mis- such an eof. I am						

Signature of the candidate

Date: Place:

*DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I		son/daughter/wife of
resider	nt of	State
Village	e/Town/City/District	Communit
	(cert	ficate enclosed) hereby declare that I belong to
the		_community which is recognized as a backward clas-
by the	e Govt. of India for the purpose	of reservation in services as per orders contained in
8.9.199 mentio	93. It is also declared that I do oned in Column 3 of OM No. 3601 of India, Department of Personne	Office Memorandum No.36012/22/93-Estt(SCT) dated not belong to the persons/sections (creamy layer 2/22/93-Estt(SCT) dated 08.09.1993 and modified vided and Training OM No.36033/3/2004-Estt(Res) dated
Place: Date:		(Signature of applicant) (in running handwriting)
1.	signed by his/her pres Certified that Dr./Shri/Smt./Kumar	ed should get the following endorsement ent employer (appointing authority). holds
	post of	
	department/office/institution/ application being considered for	organization. I have no objection to his/he
2.		is/her application to the department/ office/ institution for onward transmission to the force.
		Signature
No		Designation
Dated		Office Stamp

ANNEXURE-A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR (HIMACHAL PRADESH)

Post applied for	in Dept of	at AIIMS Bilaspur
	SELF EVALUATION	

(Require under Column 21 of the application)

Date: Signature of candidate

Detail of Parents/ Family:

	Name	Age	Occupation (if in service please mentioned Post/ Designation & Employer's Name)	Gross Monthly Income
Father				
Mother				
Spouse				
Child				

Date:	Signature of Applicant
Date.	Oignature of Applicant

ANNEXURE-B

LIST OF ENCLOSURES: (Required under column 22 of the application)

S.No.	Particulars of enclosures	Marked page(s)
1.	Birth certificate	
2.	Matriculation certificate	
3.	B.Sc.	
4.	MBBS/B.D.S./M.Sc. certificate	
5.	M.D./M.S./M.D.S. certificate	
6.	D.N.B./D.M./M.Ch./Ph.D. certificate	
7.	Experience certificate(s)	
8.	Community certificate (SC, ST, OBC, PH)	
9.	Registration with Medical Council Certificate	
10.	Any other relevant certificate(s)	

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR (HIMACHAL PRADESH)

1.	Post applied for:						
2.	Full Name (BLOCK LETTERS):						
		(Su	ırname)	(First	Name)	(Second Name)	
3.	Date of Birth	`			() (Year)		
4.	Age:			() (Months)			
5.	Sex						
6.	Whether belongs to: UR EWS SC ST OBC (Please strike out which is not applicable)						
7.	Educational	Qualifications:					
	a) <u>Und</u>	ergraduate Ca	<u>reer</u>				
Examin Passed		Year of Passing	No. of	attempts	Class/Division	University/ Institution	
	S./B.D.S.	. decing					
1 ST Pro	ofl.						
2 nd Pro	fl.						
3 rd Prof	fl.						
Final P	rofl.						
	b) <u>Pos</u>	tgraduate Care	eer				
Examin Passed		Year of Passing	No. o	f attempts	Class/Division	University/ Institution	
M.D./M	I.S./M.D.S.						
D.M./M	1.Ch.						
D.N.B.							
M.Sc.							
Dh D							

8.	Teaching/	Research	Experience:
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a) Before obtaining Postgraduate Qualification:

Post held	Period		Total Period			Pay Scale	Employer's
(Indicate	From	То	Yrs.	mths.	days		Address
Temporary/							
Permanent)							

b) After obtaining Postgraduate Qualification:

Post held	Period		Total Period			Pay Scale	Employer's
(Indicate	From	То	Yrs.	mths.	days		Address
temporary/							
permanent)							

 Details of Prizes, Medals, Scholarships & National/ International Awards etc.

10. Additional qualification such as membership of scientific society etc.

1	1	Publica	tions

NUMBER OF PAPERS

	Published		Accepted for publication	Presented at conference
	Indexed	Non		
		indexed		
NATIONAL				
-NATIONAL				

		INTER-NATIONAL				
12.	Chapte	er in books/books edited	:			
13.	(a)	Present employment/ post held	:			
	(b)	Pay Scale	:			
	(c)	Total emoluments drawn	:			
	(e)	Address of present employer	:			
14.	Minimu	um pay acceptable	:			
15.	Notice	required before joining	:			
16.	A para	graph of self evaluation regarding nt fields of activity related to the job	:			
Date:						
Place:			S	ignature of the c	andidate	
SPACE	FOR C	OFFICE USE:				
1.	Demai	nd Draft No.	date	d	dra	awn
	on					
2.	Wheth	er applied through proper channel?	Y	es/No		
3.	The ca	andidate is within age limit/overage by_	Yrs_	months	days	
4.	Remai	rks				

BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT FOR AIMS, BILASPUR, HIMACHAL PRADESH

Name: Category:			Date of Birth:						
Post:				Special	ty:				
O 1161 41						1 -		4.	
Qualifications:		Year of	No. of		titution/College	Experience:		ration	Organization/Institution
Degree		passing	attempts			Level/Designation	From	То	
MBBS									
M.D./M.S./M.D.S.									
D.M./M.Ch									
D.N.B.									
M.Sc.									
Ph.D.									
						_			
Paper	Indexed	No.		cepted for	Presented at		Awar	ds/Recogniti	ons
Published:		Inde	xed pu	blication	Conferences				
National]			
International]			
Total]			
Chapter in Books	s:					Any other information	n		
Published: National International Total				blication	Conferences	Any other information		us/ Recogniu	UIIS