

6.

State of Domicile:

अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर हिमाचल प्रदेश -१७४०३७#

All India Institute of Medical Sciences, Bilaspur Himachal Pradesh-174037

https://aiimsbilaspur.edu.in

e-mail:- helpdesk.rec@aiimsbilaspur.edu.in



Appendix-A

Advert	isement No.				
Name of the Post Name of the Department: - Applied for:					Please attached Recent Passport Size Photo
Applie	d for: Please tick (✓)	Direct Re	ecruitment/ Cont	ractual/ Deputation	
1.	(a) Full Name (BLOCK LE	ΓTERS):			
	(Surna	ame)	(First Name)	(Second Nan	ne)
2. 3.	(b) Sex: Male/FemaleFather's/Husband's Nam(a) Mailing Address:	` ′	Marital Status: Mar	ried/Unmarried:	
	Tel. N Fax. N Email	Vo	F Mobile N	PIN:	
	(b) Permanent Address	-			
	Tel. N	lo.	I	PIN:_	
4.	(a) Date of Birth:	() (Date)	() (Month)	() (Year)	
	(b) Age:	() (Yrs.)	() (Months)	() (Days)	
5.	Whether belongs to:	UR	EWS SC	ST OBC	
	ase strike out which is not ap t. of India)	plicable) (Attacl	h attested copy of c	ertificate on the proforma	prescribed by the

7.	Nationali	ty:			Religi	on:		
8.	(a)	Registrati	on No. with	the Me	edical Coun	cil:		
	(b)	State in which registered:						
	(c)	Please me	ention the re	newal	date of th	e Medic	al Registration Ce	rtificate:
9.	Educatio	nal Quali	fications:					
	(Please a	ttach attes	sted copies o		icates/degr	ees in su	apport of your qualit	fications)
	a)	<u>Undergra</u>	aduate Care	<u>eer</u>				
Exami Passed		Year Pass		No	o. of attem	pts	Class/Division	University/ Institution
Matric	e/S.S.C.							
Interme	ediate/ HSC							
B.Sc.								
M.B.B	8.S./B.D.S.							
1 st Pro	fl.							
2 nd Pro	ofl.							
3 rd Pro	.fl							
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		Postgrad	uate Career	<u> </u>				1
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	b)	Y			No. of atter	npts	Class/Division	University/ Institution
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Exami Passed M.D./I D.M./I D.N.B	mation description	Ye Pa	ear of		No. of atter	mpts	Class/Division	University/ Institution
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Exami Passed M.D./I D.M./I D.N.B	mation M.S./M.D.S M.Ch.	Y Pa	ear of	e:			Class/Division	University/ Institution
Exami Passed M.D./I D.M./I D.N.B M.Sc.	mation M.S./M.D.S M.Ch. Teaching (Please a	y Pa	h Experience	e: f exper	ience certi	ficates)	Class/Division	University/ Institution
Exami Passed M.D./I D.M./I D.N.B M.Sc. Ph.D. 10.	mation M.S./M.D.S M.Ch. Teaching (Please a	g/ Researce ttach attes	h Experience sted copies of the copies of th	e: f exper	ience certi Qualificati Total Perio	ficates) on:	Class/Division Pay Scale	Institution Employer's
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(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.
- 12. Additional qualification such as membership of scientific society etc.
- 13. Research experience, any, together with details of published works in indexed journals.

NATIONAL

INTERNATIONAL

NUMBER OF PAPERSif

NOMBER OF TALERSH							
Published		Accepted for publication	Presented at conference				
Indexed	Non Indexed						

- 14. Chapter in books/books edited15. (A) Present employment/ post held
 - (B) Pay Scale : (C) Total emoluments drawn :
 - (D) Address of present employe :
 - 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 of visit		Duration of visit			Purpose of visit
visited	From	То	Yrs.	Months	Days	

Give below the names/ particulary of the post of the selection of your specialty who are in a position to testify from personal knowledge to fitness for the post. Note: i. You should have worked with one of the referees portion to testify from personal knowledge to fitness for the post. Note: ii. They must not be related to you, your fitness for the post. Name		•	, , ,				
20. Give below the names/ particulars of two referees from your specialty who are in a position to testify from personal knowledge to fitness for the post. Note: i. You should have worked with one of the referees for at least two years. ii. They must not be related to you, your iii. They must not be related to you, your iii. They must not be related to you, your iii. They must not be related to you, your iii. They must not be related to you, your iii. They must not be related to you, your iii. They must not be related to you, your iii. They must not be related to the selection Committee of the Institute. NAME STATUS ADDRESS 21. Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching research and administrative, related to the job, which, in your view, entity you to the post applied for may be given in AppendixA1 22. Please submit along with your application, the photocopies of your publications which your consider BEST as under: i) For the post of Professor ii) For the post of Additional Professor and Associate Professor iii) For Assistant Professor (01 copy of 07 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, qualificationand experience etc. as per list enclosed Appendix-A2. NOTE: INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT ONLINE PAYMENT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED. Date: Post applied for			Foreign Language	Can read	Can write	Can speak	
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patient-care, teaching research and administrative, related to the job, which, in your view, entity you to the post applied for may be given in Appendix-A1 22. Please submit along with your application, the photocopies of your publications which y consider 'BEST' as under: - i) For the post of Professor (01 copy of 07 best publications) ii) For the post of Additional 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, qualificationand experience etc. as per list enclosed Appendix-A2. NOTE: INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT ONLINE PAYMENT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED. Date: Place: Signature of the candidate DECLARATION BY THE CANDIDATE Post applied for in Dept of at AIIMS Bilas Himachal Pradesh. I hereby declare that the above information is true, complete and correct to the best of knowledge and belief. I have not suppressed any material, fact or factual information. I understand that candidature is liable to be rejected in the event of any mis- statement/discrepancy in the particulars be detected and after my appointment in such an event, my services are liable to be terminated without a notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness employment under the Government.		NAME	STA	TUS	AD	DRESS	
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knowledge and belief. I have not suppressed any material, fact or factual information. I understand that candidature is liable to be rejected in the event of any mis- statement/discrepancy in the particulars be detected and after my appointment in such an event, my services are liable to be terminated without a notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness employment under the Government. Date:				in Dept of		at AIIMS Bilaspı	
	detected notice	edge and belief. In a ture is liable to d and after my a to me or reason	be rejected in the event of appointment in such an event of the state	material, fact or to of any mis- states went, my services	factual information ment/discrepancy is are liable to be t	n. I understand that m in the particulars bein erminated without an	
					Signature of	the candidate	

19.

State the foreign languages you know:

*DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

Ι	_son/daughter/wife of						
residen	t of State						
Village	z/Town/City/District Community						
	(certificate enclosed) hereby declare that I belong to the						
of India	a for the purpose of reservation in services as per orders contained in Department of Personnel and						
Trainin	ng Office Memorandum No.36012/22/93-Estt(SCT) dated 8.9.1993. It is also declared that I do not						
_	to the persons/sections (creamy layer) mentioned in Column 3 of OM No. 36012/22/93-Estt(SCT)						
	08.09.1993 and modified vide Govt. of India, Department of Personnel and Training OM						
No.360	33/3/2004-Estt(Res) dated 09.03.2004.						
Place: Date:	(Signature of applicant) (in running handwriting)						
	Candidates already employed should get the following endorsement signed on the						
	Institute Letter head by his/her present employer (appointing authority).						
1.	Certified that Dr./Shri/Smt./Kumariholds						
	the post of						
	at The Institute has no objection to his/her						
	application being considered for the post of						
	at AIIMS Bilaspur (H.P.)						
2.	No Vigilance Enquiry has been conducted or pending against the						
	employee/officer.						
3.	In case of selection, the concerned employee/officer will be relieved to join						
	AIIMS Bilaspur (H.P.)						
4.	Certified that he/she has submitted his/her application to the department/ office/						
	institution/ organization onfor onward transmission to						
	the AIIMS Bilaspur, Himachal Pradesh.						
	Signature						
No	Designation						
Dated_	Office Stamp						

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

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 t	for:						
2.	Full Name (B	LOCK LETT	ΓERS):					
3.	Date of Birth	:	()	(First () (Month)	()	(Second Name)
4.	Age:				() (Months)			
5.	Sex							
6.7.	Whether belongs to: UR EWS SC ST OBC (Please strike out which is not applicable) Educational Qualifications: a) Undergraduate Career							
Examina	tion T	Year of		No of o	ttamenta	Class/Div	vigion	I Iniversity/
Passed	uion	Passing		No. of a	uempis	Class/Div	/1S1ON	University/ Institution
M.B.B.	S./B.D.S.							
1 ST Prof	fl.							
2 nd Prof	1.							
3 rd Prof	1.							
Final Pr	rofl.							
	b) <u>Pos</u> t	graduate Ca	areer					
Examin Passed	ation	Year of Passing		No. of	attempts	Class/Di	vision	University/ Institution
M.D./M	I.S./M.D.S.							
D.M./M	ſ.Ch.							
D.N.B.								
M.Sc.								

Ph.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 Address
(Indicate	From	To	Yrs.	mths.	days		Address
temporary/							
permanent)							

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

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

1	1	Publications
ı		Publications

NUMBER OF PAPERS

Presented at conference

Accepted for

publication

		NATIONAL INTER-NATIONAL		
12.	Chapt	er in books/books edited	:	
13.	(a)	Present employment/ post held	:	
	(b)	Pay Scale	:	
	(c)	Total emoluments drawn	:	
	(e)	Address of present employer	:	
14.	Minin	num pay acceptable	:	
15.	Notice	e required before joining	:	
16.		agraph of self evaluation regarding ent fields of activity related to the job	:_	

Published

Indexed

Non indexed

SPACE FOR OFFICE USE:		

1. Transaction No. _____Amount____dated_____

2. Whether applied through proper channel? Yes/No

3. The candidate is within age limit/ overage by ______ Yrs ____ months _____ days

4. Remarks

Date:

Place:

Signature of the concerned authority

Signature of the candidate

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

Name: Category: Post: Specialty:					Date of Birth:				
			Specialty	/ :					
Qualifications:		No. of	Institution/College		Experience:	Duration		Organization/Institution	
	passing	attempts			Level/Designation	From To			
Indexed	ted Non- Accepted			Presented at	Awards/Recognitions				
	Indexed pub		ublication	Conferences					
Chapter in Books:					Any other informatio	n			
		Indexed No.	passing attempts Indexed Non- Ac Indexed Pt	Year of No. of Inst passing attempts Indexed Non-Indexed publication	Year of passing attempts Institution/College	Specialty: Year of passing attempts Institution/College Experience: Level/Designation	Specialty: Experience: Dur Level/Designation From	Specialty:	