



अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर
हिमाचल प्रदेश -१७४००१

All India Institute of Medical Sciences Bilaspur
Himachal Pradesh-174037

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APPLICATION FORM

<p>Post: Tutor / Clinical Instructor (Direct Recruitment Basis)</p> <p>Advertisement No.: _____</p> <p>Application ID (Office Use): _____</p>	<p><i>Paste self-attested recent passport size photograph (3 cm × 4 cm, white background).</i></p>
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APPLICATION FEE DETAILS

Reference No. Transaction ID	Amount Paid	Date of Payment	Mode (Online/NEFT/UPI/Other)

SECTION – 1: PERSONAL DETAILS

Sl. No.	Particulars	Details (To be filled in BLOCK LETTERS)
1.	Full Name (as per 10th Certificate)	
2.	Father's Name	
3.	Mother's Name	
4.	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
5.	Category	<input type="checkbox"/> UR <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> EWS
6.	Sub-Category (if any)	
7.	Category of the post applied	<input type="checkbox"/> UR <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> EWS
8.	Ex-Serviceman	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Govt./PSU/Autonomous Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Person with Benchmark Disability (PwBD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Type of Disability (if applicable)	
12.	Percentage of Disability	
13.	Date of Birth (DD/MM/YYYY)	

14.	Age as on Closing Date	Years ____ Months ____ Days ____
15.	Seeking Age Relaxation	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify Category)
16.	Nationality	
17.	Religion	
18.	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other
19.	Spouse Name (if applicable)	
20.	Visible Identification Mark	
21.	Aadhaar No.	
22.	Mobile No.	
23.	Alternate Contact No.	
24.	Email ID (Official Communication)	
25.	Nursing Council Registration No.	
26.	Registration Valid Up to	

SECTION – 2: ADDRESS DETAILS
A. Correspondence Address
House No./Street: _____
Village/City: _____
Tehsil/District: _____
State: _____ Country: _____
PIN Code: _____ Police Station: _____
B. Permanent Address
<input type="checkbox"/> Same as Correspondence Address
(If different, provide full details below)
House No./Street: _____
Village/City: _____
Tehsil/District: _____
State: _____ Country: _____
PIN Code: _____ Police Station: _____

SECTION – 3: EDUCATIONAL QUALIFICATIONS**A. School Education**

Examination	Board	Year	Division	% Marks	Subjects
10th					
12th					

B. Undergraduate Qualification

Degree/Diploma	Subject	University/Institute	Year	Duration	%/CGPA

C. Postgraduate Qualification

Degree	Specialization	University/Institute	Year	%/CGPA

D. Additional Qualifications (Ph.D./Certification/Fellowship)

Qualification	Subject	Institute	Year	%/Grade

SECTION – 4: PROFESSIONAL REGISTRATION

Registration Authority (State/INC) Reg. No. Date of Registration Valid Up To

SECTION – 5: EMPLOYMENT DETAILS (Post-Qualification Experience)*(Attach separate sheet if required)*

Sr.No	Organization & Location	Govt./Private	Designation	Pay Level/Scale	Nature (Regular/Contract/ Adhoc)	From	To	Total Duration
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Total Experience: _____ Years _____ Months**Experience after essential qualification:** _____ Years _____ Months**Nature of Duties Performed**

(Teaching/Clinical/Administrative/Research Responsibilities)

SECTION – 6: PRESENT EMPLOYMENT DETAILS

a) Present Post Held: _____

b) Pay Level / Pay Scale: _____

c) Total Emoluments (Monthly): _____

d) Employer Name & Address: _____

e) Notice Period Required: _____

SECTION – 7: ACADEMIC & PROFESSIONAL ACHIEVEMENTS**Research Publications If any**

Category	Number
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Indexed National Journals	
Indexed International Journals	
Total Publications	

Awards / Distinctions / Medals

Paper Presentations / Conferences

SECTION – 8: NOC / VIGILANCE STATUS

- Not employed in Govt. organization
- NOC Attached
- Vigilance Clearance Attached
- Applied

SECTION – 9: DOCUMENTS ENCLOSED (Self-Attested Copies)

Sl. No.	Document	Attached (✓)
1.	Proof of Date of Birth	<input type="checkbox"/>
2.	Category Certificate	<input type="checkbox"/>
3.	Identity Proof	<input type="checkbox"/>
4.	Disability Certificate	<input type="checkbox"/>
5.	Educational Certificates (All Years)	<input type="checkbox"/>
6.	Nursing Council Registration	<input type="checkbox"/>
7.	Experience Certificates	<input type="checkbox"/>
8.	NOC (if applicable)	<input type="checkbox"/>
9.	Publication Proof	<input type="checkbox"/>
10.	Undertaking (Criminal/Disciplinary Status)	<input type="checkbox"/>
11.		
12.		
13.		
14.		
15.		
16.		

Total Enclosures: _____

SECTION – 10: SELF-EVALUATION (Mandatory)

Provide brief justification highlighting strengths in:

- Patient Care
- Teaching & Clinical Supervision
- Research & Publications

(Attach separate sheet if required)

SECTION – 11: DECLARATION BY THE CANDIDATE

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation, suppression of facts, or submission of false documents shall lead to cancellation of candidature and/or termination of service without notice.

I further declare that:

- I am not convicted in any criminal case.
- No criminal proceedings are pending against me.
- No disciplinary action is pending or imposed by any previous/current employer.
- I fulfill the eligibility criteria as per advertisement.

Place: _____

Date: _____

Signature of Candidate: _____

Name: _____

GENERAL INSTRUCTIONS

1. Candidates must carefully read the detailed advertisement before submission.
2. Ensure eligibility regarding age, qualification, experience, and category.
3. Incomplete applications are liable to rejection.
4. All entries must be in CAPITAL LETTERS.
5. All certificates must be self-attested.
6. NOC is mandatory for candidates employed in Govt./Autonomous bodies.
7. Applications received after the due date will not be entertained.
8. The Competent Authority reserves the right to modify/cancel recruitment without prior notice.