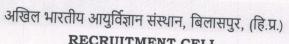


ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR,(H.P.)



Add at	jihan,	D.	
125	6	20	
	8	ZĬĬ	
Town or	MENCAL [®]		

	TOTAL CELL	
Advertisement No.		
Name of the Post applied for		Please attached Recent Passport Size Photo
DD Details	Date	Amount

PERSONAL DETAILS (IN CAPITAL LETTERS)

1. Full Name											
2. Father's Name											
		-	+								
3. Address for											
Correspondence with PIN code	е	-	-	-							
number											
4. Permanent Address with										L	
PIN code											
number											
5. E-mail ID (in BLOCK											
LETTERS)											
6. Phone/Cell No.	+	9	1								
7. Alternate Number	+	9	1								

8. Marital Status							Unmarried				Other
9. Date of Birth	D	D	M	M	Y	Y	Y	Y	10.	Nationality	

						State to nich you long	
	Category lease tick	UR	EW	S O	BC (NC	c) sc	ST
13. Ch	If Physically nallenged andidate	1	Type of	Handicap		Percenta	age of Disability
14.	Details of Educ	ational Q	ualificat	ions			
Exam	ination Passed	Unive	rsity/ Bo	oard/ Inst f Examina	titutio	m/ Month Year passin	of Extra
Second	dary (10 th)						
Senior (12 th)	Secondary						
B.Sc.							
M.Sc.							
Any Ot	her						
I. II. III. 16.	Registration det Nursing coun Council state Nursing regis PROFESSIONAL close a separate ow is insufficien	tration not experie	umber	CHRONO	LOGIC	AI. OPDED	••••
		Name		Nature of Employs		Period	
S1 No.	Organization/ Institution	of the Post held	Pay Level	Adhoc/ Tempora Permane Deputati	nt/	From (DD/MM/YY)	To (DD/MM/YY)



Nature of Duties performed during above period	

17. Publications

Total	In Indexed National Journals	In Indexed International Journals

16. Awards/ distinction/ prize if	
any	
19. Paper presentation if	
any	
20. If selected, what notice period would you require b joining:	pefore
21. Self-evaluation of your work, particularly its streng including patient care, teaching, research and adm which, in your view, entitles you to the post applied II.	ninistrative, related to the job.
I have attached self attested copies of certificates/ degraphication and experience etc. as per list enclosed A	rees in support of age, category, nnexure-III.
Date:	
Place:	Signature of the candidate

ANNEXURE I

DECLARATION BY THE CANDIDATE

Post applied for	at AIIMS, Bilaspur (H.P.)
I, hereby declare that the above information is true, my knowledge and belief. I have not suppress information. I understand that my candidature is I any mis-statement/discrepancy in the particular appointment in such an event; my services are lianotice to me or reasons thereof. I am not aware of impair my fitness for employment under the Government.	ed any material, fact or factual liable to be rejected in the event of rs being detected and after my able to be terminated without any of any circumstance, which might
Date: Place:	Signature of the candidate



ANNEXURE-II

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR, HIMACHAL PRADESH

Post applied for		

SELF EVALUATION

(Required under Column 21 of the application)

Date:

Signature of candidate

ANNEXURE-III

LIST OF ENCLOSURES

(Require under Column 19 of the application)

- Identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card (a)
- Certificate showing Date of Birth (10th Mark sheet/ Passport/ Birth Certificate). (b)
- SC/ST/OBC/PwBD certificate issued by competent authority (if applicable) (c)
- Four recent passport size photographs. (d)
- Class 10th & 12th Mark sheet and Certificates. (e)
- (f) Qualifying degree
 - i. B. Sc/M.Sc. Mark sheet and degree certificates
 - ii. Any other qualification/certificate
- Registration with Nursing Council of India/State Nursing Council (g)
- (h) **Experience Certificate**
- No Objection Certificate from the present employer in case a candidate is (i) working in Govt./Semi Govt./Autonomous Body etc.#
- Proof of publications/ Awards/ Medals/ Training undergone (j)
- Undertaking that the candidate has not been convicted by court of law and (k) there are no criminal proceedings pending against the candidate (ANNEXURE

To be produced latest by date of appearing in interview

THE DULY FILLED FORM HAS TO BE POSTED/DEPOSITED WITH

Deputy Director (Administration), AIIMS-Bilaspur H.P.

ANNEXURE- IV

UNDERTAKING

Ι,	solemnly declare that I am not convicted in any crimina	al
case and there are no cr	minal proceedings pending against me in any Court of Law	
	hereby acknowledge that if I submit or produce any fal	
	vered subsequently then I shall be liable under the Applicat	
Law for the time being in		
Declaration: The above	tatements have been made by me voluntarily which are tru	e
to the best of knowledge	and belief.	
Date:		
Place:	Signature of the candida	te

Check list

Sr. No.	Particular	Yes/No
1	Whether application forwarded through proper channel/NOC attached?	
2.	Whether attested copies of the up-to-date APARs for last 05 (five) years attached?	
3.	Whether Vigilance Clearance Certificate attached?	
4.	Whether Integrity Certificate attached?	
5.	Statement of Minor/Major penalties imposed (if any) attached?	

Name of the	
Applicant	

Countersigned

Signature of the Cadre Controlling Authority/Authorized Officer.....

<u>Note:</u> Applications without forwarding through proper channel, vigilance clearance and complete CR Dossiers will not be considered.