Appendix-I

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

अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर,(हि.प्र.)

RECRUITMENT CELL

Advertisement No.		Please attached Recent Passport Size Photo
Name of the Post (Post Code)		
Name of the Department applied for (Senior Resident only)		

Bank Transaction details	Date	Amount

PERSONAL DETAILS (IN CAPITAL LETTERS)

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

8. Marital Status	Married_____					Unmarried_____				Other_____
9. Date of Birth	D	D	M	M	Y	Y	Y	Y	**10. Nationality**	
									11. State to which you belong	

12. Category (Please tick only)	**UR**	**EWS**	**OBC (NC)**	**SC**	**ST**

13. If Physically Challenged Candidate	Type of Handicap	Percentage of Disability

14. Details of Educational Qualifications

Examination Passed	University/ Board/ Institution/ Council of Examination	Month & Year of passing	No. of Extra Attempts
Secondary (10th)			
Senior Secondary (12th)			
MBBS			
M.D./M.S./DNB			
Any Other			

15. DETAILS OF EMPLOYMENT IN CHRONOLOGICAL ORDER STARTING WITH THE LATEST
(Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)

Sl No.	Organization/ Institution	Name of the Post held	Pay Level	Nature of Employment	Period	
				Adhoc/ Temporary/ Permanent/ Deputation	From (DD/MM/YY)	To (DD/MM/YY)
1.						
Nature of Duties performed during above period						
2.						
Nature of Duties performed during above period						
3.						
Nature of Duties performed during above period						

16. Publications

Total	In Indexed National Journals	In Indexed International Journals

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

18. 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, entitles you to the post applied for may be given in Annexure- I.

19. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed Annexure-II.

Date:

Place: Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____ at AIIMS, Bilaspur (H.P.)

I, hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis- statement/discrepancy in the particulars being detected and after my appointment in such an event; my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance, which might impair my fitness for employment under the Government.

Date:

Place: Signature of the candidate

ANNEXURE-I
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR, HIMACHAL PRADESH

Post applied for _____

SELF EVALUATION
(Required under Column 18 of the application)

Date: Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES

(Require under Column 19 of the application)

(a) Identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card etc.)
(b) Address Proof
(c) Certificate showing Date of Birth (10th Mark sheet/ Passport/ Birth Certificate).
(d) Four recent passport size photographs.
(e) Class 10th & 12th Marksheet and Certificates.
(f) Qualifying degree
    i. MBBS Marksheet and degree certificates
    ii. MD/DNB/MS Marksheet and degree certificate
    iii. DM/M.Ch/DNB Marksheet and degree certificate
(g) Attempt and Internship Certificate.
(h) Registration with Medical Council of India/State Medical Council
(i) Experience Certificate
(j) FMGE certificate conducted by NBE (For foreign graduate)
(k) No Objection Certificate from the present employer in case a candidate is working in Govt./Semi Govt./Autonomous Body etc.#
(l) Proof of publications/ Awards/ Medals/ Training undergone
(m) Undertaking that the candidate has not been convicted by court of law and there are no criminal proceedings pending against the candidate (ANNEXURE III)

To be produced latest by date of appearing in interview

ANNEXURE- III

UNDERTAKING

I, _____solemnly declare that I am not convicted in any criminal case and there are no criminal proceedings pending against me in any Court of Law.

I, _____ hereby acknowledge that if I submit or produce any false document and it is discovered subsequently then I shall be liable under the Applicable Law for the time being in force.

Declaration: The above statements have been made by me voluntarily which are true to the best of knowledge and belief.

Date:

Place: Signature of the candidate