



अखिल भारतीय आयुर्विज्ञान संस्थान- बिलासपुर, हिमाचल प्रदेश  
All India Institute of Medical Sciences- Bilaspur  
Himachal Pradesh-174037

(A Central Autonomous Institute of National Importance under PMSSY, Ministry of Health, Govt. of India)

Website: <https://aiimsbilaspur.edu.in>



Annexure-2

**Undertaking by the Applicant**

1. I understand that my engagement (if selected) will be purely on time bound contractual basis. As such I will not claim either for extension/continuation of my services or for regularization of my service at funding agency or at AIIMS Bilaspur, HP or any institute/center/Division/section of Govt of India.
2. I further state that no criminal proceedings are either pending or contemplated against me in any Court of Law/ Police records.
3. I further state that I have worked/working in the following positions till now (from latest to oldest)

S. No.	Position	Name of Institute	Govt/ Private/ Other specify	Period		Duration
				From	To	

(Attach separate sheet if space less)

**Declaration:** I hereby declare that the particulars/ documents furnished by me are true to the best of my knowledge and belief. I understand that furnishing of false information or suppression of facts or any act of contravention to the terms of my contract and terms of the undertaking, shall attract disqualification and would amount to fraudulent act under Indian contract act, 1872 and may render me unfit, at any stage of my engagement.

Place:

Signature.....

Date:

Name.....

Advertisement No:

Project Position Applied for.....





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S. No.	Qualification	Name of Board/University	Year of Passing	Percentage of Marks
2				
3				
4				
5				
6				

13. Experience (Post Qualification):

S. No.	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibilities
1						
2						
3						

14. Details of desirable qualification (if not mentioned above)

15. Details of publication (If relevant)

	Publication	Citation	Impact factor
National			



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International			
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(Attach first page of publication)

I hereby declare that above information provided by me is correct to my knowledge and belief.

Date..... Place.....

(Signature of the Candidate)

**Enclosures attached: -**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.