



**15. Identification Mark** \_\_\_\_\_

**16. Details of Educational Qualifications:**

S. No.	Examination Passed	University/ Board/ Institution/ Council of Examination	Year of passing	Aggregate % of Marks
1	Secondary (10 <sup>th</sup> )			
2	Senior Secondary (12 <sup>th</sup> )			
3	Graduation			
4	Post-Graduation			
5	Ph.D.			
6	Any Other			

**17. Whether Registered with any Council? (If applicable, tick 'X' in the appropriate box)**

 Yes

 No

Registration No.....

State Code.....

Date of Reg. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of the Council.....

**18. Professional Experience (in chronological order)**

*(Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)*

S.No.	Organization/ Institution	Name of the Post held	Pay Level	Nature of Employment	Period (DD/MM/YYYY)	
				Ad hoc/ Temporary/ Permanent/ Deputation	From	To
<b>Total Experience:</b>						
<b>Total Experience (after qualifying eligibility criteria):</b>						

**Nature of Duties performed during above period:**

**19. Publications**

<b>Total</b>	
<b>In Indexed National Journals</b>	
<b>In Indexed International Journals</b>	

**20. Awards/ Distinction/** \_\_\_\_\_

**21. Paper presentation if any:** \_\_\_\_\_

\_\_\_\_\_

**22. If selected, what notice period would you require before joining** \_\_\_\_\_

**23. 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 column 25.**

I have attached self-attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed in general instruction.

Date:

Place:

Signature of the candidate

**24. Declaration by the Candidate**

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

**25. Self-Evaluation**

(Required under Column 23 of the application)

Date:

Signature of the candidate

## 26. 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 my knowledge and belief.

Date:

Place:

Signature of the candidate

### **General Instructions for filling of Application form**

1. Before filling form, please read carefully about detailed advertisement, eligibility criteria, and fee details available on the official website (<http://www.aiimsbilaspur.edu.in>).
2. The candidates must ensure their eligibility in respect of category, experience, age and essential qualifications(s), etc. as mentioned against each post in the advertisement to avoid rejection at later stage.
3. The Executive director, AIIMS Bilaspur reserves the right to dispense with the written examination for any post keeping in view the number of applicants vis-a-vis vacancies & other circumstances.
4. Fill all details that are relevant to you in capital letters or numbers or tick (☐) the check box as required. All items are mandatory and must be filled in; otherwise, the form may be rejected.
5. Candidates must enter their email ID and mobile number in the application form correctly as all the important communication regarding the interview/exam will be done by through email or SMS.
6. Please ensure that all information provided is correct and accurate.
7. Please note that you need to paste 3cm X 4cm recent passport size colour photograph with white background at the designated place. No other sizes will be acceptable.
8. That copies of only following documents/certificates are to be provided in support of claims made / information given in the application form at the time of interview or must be send (Photocopy) with the application form in order as below-
  - a) Matriculation Mark Sheet and certificate for age proof.
  - b) 12th Mark sheet and Certificates.
  - c) Application form fees submission details.
  - d) Degree/Diploma certificates along with Marks Sheets of all years in support of Educational Qualifications, the provisional certificate(s) as prescribed under Essential Qualification column of R & P Rules in detailed advertisement.
  - e) Council Registration Certificate.
  - f) Experience certificates.
  - g) All other certificates, if any required for determining eligibility, which so ever applicable to the applicants.
  - h) **No Objection Certificate** from the present employer in case a candidate is working in Govt./Semi Govt./Autonomous Body etc.\*\*
  - i) Proof of publications/ Awards/ Medals/ Training undergone.
  - j) Undertaking that the candidate has not been convicted by court of law and there are no criminal proceedings pending against the candidate (Column-26).

- k) Identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card etc.)
- l) Certificate showing Date of Birth (10th Mark sheet/ Passport/ Birth Certificate).
- m) 4-Passport size recent colour photograph.  
(\*To be produced latest by date of appearing in interview)
- n) **The duly filled form has to be posted/deposited with all above documents.**