सत्यमेव जयते

**अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर**
**हिमाचल प्रदेश -१७४०३७#**
**All India Institute of Medical Sciences, Bilaspur**
**Himachal Pradesh-174037**
**https://aiimsbilaspur.edu.in**
e-mail:- helpdesk.rec@aiimsbilaspur.edu.in

**Appendix-A**

| | | |
|---|---|---|
| **Advertisement No.** | | Please attached Recent Passport Size Photo |
| **Name of the Post** | | |
| **Name of the Department: - Applied for:** | | |
| **Applied for: Please tick (✓)** | **Direct Recruitment/ Contractual/ Deputation** | |

1. (a) Full Name (BLOCK LETTERS):

(Surname) (First Name) (Second Name)

(b) Sex: Male/Female (c) Marital Status: Married/Unmarried:

2. Father's/Husband's Name:

3. (a) Mailing Address:

Tel. No. PIN:

Fax. No._____Mobile No.

Email ID:

(b) Permanent Address _

Tel. No. PIN:_

4. (a) Date of Birth: ( ) ( ) ( )
---------- ---------- ---------
(Date) (Month) (Year)

(b) Age: ( ) ( -- ) ( -- )
---------- ---------- ----------
(Yrs.) (Months) (Days)

5. Whether belongs to: UR EWS SC ST OBC

(Please strike out which is not applicable) (Attach attested copy of certificate on the proformaprescribed by the Govt. of India)

6. State of Domicile:

7. Nationality: Religion:

8. (a) Registration No. with the Medical Council:

(b) State in which registered:

(c) Please mention **the renewal date of the Medical Registration Certificate**:

9. Educational Qualifications:
(Please attach attested copies of certificates/degrees in support of your qualifications)

**a) Undergraduate Career**

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution |
|---|---|---|---|---|
| Matric/S.S.C. | | | | |
| Intermediate/ HSC | | | | |
| B.Sc. | | | | |
| M.B.B.S./B.D.S. | | | | |
| 1st Profl. | | | | |
| 2nd Profl. | | | | |
| 3rd Profl. | | | | |
| Final Profl. | | | | |

**b) Postgraduate Career**

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution |
|---|---|---|---|---|
| M.D./M.S./M.D.S. | | | | |
| D.M./M.Ch. | | | | |
| D.N.B. | | | | |
| M.Sc. | | | | |
| Ph.D. | | | | |

10. Teaching/ Research Experience:
(Please attach attested copies of experience certificates)

**a) Before obtaining Postgraduate Qualification:**

| Post held (Indicate Temporary/ Permanent) | Period | | Total Period | | | Pay Scale | Employer's Address |
|---|---|---|---|---|---|---|---|
| | From | To | Yrs. | mths. | days | | |
| | | | | | | | |

**(b) After obtaining Postgraduate Qualification:**

| Post held (Indicate temporary/ permanent) | Period | | Total Period | | | Pay Scale | Employer's Address |
|---|---|---|---|---|---|---|---|
| | From | To | Yrs. | mths. | days | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

11. Details of Prizes, Medals, Scholarships &National/ International Awards etc.

12. Additional qualification such as membership of scientific society etc.

13. Research experience, any, together with details of published works in indexed journals.

NUMBER OF PAPERSif

| | Published | | Accepted for publication | Presented at conference |
|---|---|---|---|---|
| | Indexed | Non Indexed | | |
| NATIONAL | | | | |
| INTERNATIONAL | | | | |

14. Chapter in books/books edited

15. (A) Present employment/ post held :

(B) Pay Scale :

(C) Total emoluments drawn :

(D) Address of present employe :

16. Are you willing to accept the minimum initial pay offered? If not, state what is the exact initial pay you would accept in the prescribed scale? :

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

18. Have you been outside India for Academic Purpose? If so, give following information :

| Country visited | Dates of visit | | Duration of visit | | | Purpose of visit |
|---|---|---|---|---|---|---|
| | From | To | Yrs. | Months | Days | |
| | | | | | | |

19. State the foreign languages you know:

| | Foreign Language | Can read | Can write | Can speak |
|---|---|---|---|---|
| (i) | | | | |
| (ii) | | | | |
| (iii) | | | | |

20. Give below the names/ particulars of two referees from your specialty who are in a position to testify from personal knowledge to fitness for the post.

**Note:** i. You should have worked with one of the referees for at least two years.
ii. They must not be related to you. your
iii. They must not be members of the Selection Committee of the Institute.

| NAME | STATUS | ADDRESS |
|---|---|---|
| | | |

**21.** 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 **Appendix-A1**

22. Please submit along with your application, the photocopies of your publications which you consider `**BEST'** as under: -

| | | |
|---|---|---|
| i) | For the post of Professor | (01 copy of 07 best publications) |
| ii) | For the post of Additional Professor and Associate Professor | (01 copy of 4 best publications) |
| iii) | For Assistant Professor | (01 copy of 3 best publications) |

**23.** I attach attested copies of certificates/ degrees in support of age, category, qualificationand experience etc. as per list enclosed **Appendix-A2.**

**NOTE:**

**INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT ONLINE PAYMENT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED.**

Date:
Place: Signature of the candidate

## DECLARATION BY THE CANDIDATE

Post applied for_____**in Dept of**_____at AIIMS Bilaspur, Himachal Pradesh.

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

## *DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I_____son/daughter/wife of _____ resident of _____ State_____ Village/Town/City/District_____ Community _____**(certificate enclosed)** hereby declare that I belong to the___ _____community which is recognized as a backward class by the Govt. of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT) dated 8.9.1993. It is also declared that I do not belong to the persons/sections (creamy layer) mentioned in Column 3 of OM No. 36012/22/93-Estt(SCT) dated 08.09.1993 and modified vide Govt. of India, Department of Personnel and Training OM No.36033/3/2004-Estt(Res) dated 09.03.2004.

Place: **(Signature of applicant)**
Date: (in running handwriting)

**Candidates already employed should get the following endorsement signed on the Institute Letter head by his/her present employer (appointing authority).**

1. Certified that Dr./Shri/Smt./Kumari_____holds the post of_____ at. _____. The Institute has no objection to his/her application being considered for the post of _____ at AIIMS Bilaspur (H.P.)
2. No Vigilance Enquiry has been conducted or pending against the employee/officer.
3. In case of selection, the concerned employee/officer will be relieved to join AIIMS Bilaspur (H.P.)
4. Certified that he/she has submitted his/her application to the department/ office/ institution/ organization on_____for onward transmission to theAIIMS Bilaspur, Himachal Pradesh.

Signature _____

No._____ Designation _____

Dated_____ Office Stamp _____

**ANNEXURE-A**

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR (HIMACHAL PRADESH)

Post applied for _____ **in Dept of**_____ **at AIIMS Bilaspur**

## SELF EVALUATION

(Require under Column 21 of the application)

Date: Signature of candidate

## Detail of Parents/ Family:

| | Name | Age | Occupation (if in service please mentioned Post/ Designation & Employer's Name) | Gross Monthly Income |
|---|---|---|---|---|
| Father | | | | |
| Mother | | | | |
| Spouse | | | | |
| Child | | | | |
| | | | | |
| | | | | |

Date: Signature of Applicant

**ANNEXURE-B**

**LIST OF ENCLOSURES:** (Required under column 22 of the application)

| S.No. | Particulars of enclosures | Marked page(s) |
|---|---|---|
| 1. | Birth certificate | -- |
| 2. | Matriculation certificate | |
| 3. | B.Sc. | |
| 4. | MBBS/B.D.S./M.Sc. certificate | |
| 5. | M.D./M.S./M.D.S. certificate | |
| 6. | D.N.B./D.M./M.Ch./Ph.D. certificate | |
| 7. | Experience certificate(s) | |
| 8. | Community certificate (SC, ST, OBC, PH) | |
| 9. | Registration with Medical Council Certificate | |
| 10. | Any other relevant certificate(s) | |

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,BILASPUR (HIMACHAL PRADESH)**

1. Post applied for:

2. Full Name (BLOCK LETTERS):

(Surname) (First Name) (Second Name)

3. Date of Birth: ( ) ( ) ( )
---------- ---------- ---------
(Date) (Month) (Year)

4. Age: ( ) ( ) ( )
---------- ---------- ----------
(Yrs.) (Months) (Days)

5. Sex

6. Whether belongs to: UR EWS SC ST OBC

(Please strike out which is not applicable)

7. Educational Qualifications:

**a) Undergraduate Career**

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution |
|---|---|---|---|---|
| M.B.B.S./B.D.S. | | | | |
| 1ST Profl. | | | | |
| 2nd Profl. | | | | |
| 3rd Profl. | | | | |
| Final Profl. | | | | |

**b) Postgraduate Career**

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution |
|---|---|---|---|---|
| M.D./M.S./M.D.S. | | | | |
| D.M./M.Ch. | | | | |
| D.N.B. | | | | |
| M.Sc. | | | | |
| Ph.D. | | | | |

8. Teaching/ Research Experience:

**a) Before obtaining Postgraduate Qualification:**

| Post held (Indicate Temporary/ Permanent) | Period | | Total Period | | | Pay Scale | Employer's Address |
|---|---|---|---|---|---|---|---|
| | From | To | Yrs. | mths. | days | | |
| | | | | | | | |

**b) After obtaining Postgraduate Qualification:**

| Post held (Indicate temporary/ permanent) | Period | | Total Period | | | Pay Scale | Employer's Address |
|---|---|---|---|---|---|---|---|
| | From | To | Yrs. | mths. | days | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

9. Details of Prizes, Medals, Scholarships &National/ International Awards etc.

10. Additional qualification such as membership of scientific society etc.

11. Publications:

NUMBER OF PAPERS

| | Published | | Accepted for publication | Presented at conference |
|---|---|---|---|---|
| | Indexed | Non indexed | | |
| NATIONAL | | | | |
| INTER-NATIONAL | | | | |

12. Chapter in books/books edited :

13. (a) Present employment/ post held :

(b) Pay Scale :

(c) Total emoluments drawn :

**(e)** Address of present employer :

14. Minimum pay acceptable :

15. Notice required before joining :

16. A paragraph of self evaluation regarding different fields of activity related to the job :_____

Date:

Place: Signature of the candidate

**SPACE FOR OFFICE USE:**

1. Transaction No. _____Amount_____dated_ _____

2. Whether applied through proper channel? Yes/No

3. The candidate is within age limit/ overage by_____Yrs_____months_____days

4. Remarks

**Signature of the concerned authority**

# BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT FOR AIIMS, BILASPUR, HIMACHAL PRADESH

| Name: | Category: | Date of Birth: |
|---|---|---|
| Post: | Specialty: | |

| **Qualifications:** | **Year of passing** | **No. of attempts** | **Institution/College** |
|---|---|---|---|
| **Degree** | | | |
| MBBS | | | |
| M.D./M.S./M.D.S. | | | |
| D.M./M.Ch | | | |
| D.N.B. | | | |
| M.Sc. | | | |
| Ph.D. | | | |
| | | | |

| **Experience:** | **Duration** | | **Organization/Institution** |
|---|---|---|---|
| **Level/Designation** | **From** | **To** | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| **Paper Published:** | **Indexed** | **Non-Indexed** | **Accepted for publication** | **Presented at Conferences** |
|---|---|---|---|---|
| **National** | | | | |
| **International** | | | | |
| **Total** | | | | |

| **Awards/Recognitions** |
|---|
| |

| **Chapter in Books:** |
|---|
| |

| **Any other information** |
|---|
| |

सत्यमेव जयते

अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर
हिमाचल प्रदेश -१७४०३७
All India Institute of Medical Sciences, Bilaspur
Himachal Pradesh-174037
https://aiimsbilaspur.edu.in
e-mail:- helpdesk.rec@aiimsbilaspur.edu.in
01978-292575

**ON LETTER HEAD OF INSTITUTE**

Dispatch No. ..... Dated .....

## VIGILANCE CLEARANCE CERTIFICATE

Certified that the records of service of ..... (Name of the employee), ..... (Designation), ..... (Address of Institute) of this Institute have been carefully scrutinized and it is certified that ..... (name) was not involved in any vigilance enquiry in the past. Further, there is no vigilance case pending or being contemplated against him.

**(To be issued by the Administrative Head of the Institute)**

---

**ON LETTER HEAD OF INSTITUTE**

Dispatch No. ..... Dated .....

## CERTIFICATE OF MAJOR/MINOR PENALTY

Certified that the records of service of ..... (Name of the employee), ..... (Designation), ..... (Address of Institute) of this Institute have been carefully scrutinized and it is certified that no minor/major penalty imposed on being contemplated to be imposed on him.

**(To be issued by the Administrative Head of the Institute)**

---

**ON LETTER HEAD OF INSTITUTE**

Dispatch No. ..... Dated .....

## INTEGRITY CERTIFICATE

Certified that the records of ..... (Name of the employee), ..... (Designation), ..... (Address of Institute) of this Institute have been carefully scrutinized and it is certified that his integrity is 'BEYOND DOUBT'.

**(To be issued by the Administrative Head of the Institute)**

सत्यमेव जयते

**अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर**
**हिमाचल प्रदेश -१७४०३७**
**All India Institute of Medical Sciences, Bilaspur Himachal Pradesh-174037**
**https://aiimsbilaspur.edu.in**
**E-mail: - helpdesk.rec@aiimsbilaspur.edu.in**

## Undertaking

1. I have never been debarred from any examination or rusticated by any university or any other educational authority / institution.

2. No case is pending against me in any court of law at the time of filling up of this application form.

3. No case is pending against me by any university or any other educational authority / institution.

4. No disciplinary action has ever been initiated against me by any institute / authority/ employer.

If any of the above is ever found incorrect my candidature is liable to be cancelled at any stage in future.

Name:

Signature:

Post Applied:

Date: