



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001
 ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ | अखिल भारतीय आयुर्विज्ञान संस्थान, बठिंडा



RECRUITMENT CELL

Application Form for Faculty Post for AIIMS, Bathinda

Transaction reference no.	Date	Amount

NOTE:

1. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED', SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.
2. **BRIEF OF CANDIDATE TO BE SUBMITTED**

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

Application for the Post of	
Department	

I. CANDIDATE DETAILS

1	Full Name (BLOCK LETTERS as given in the Birth certificate)			
2	Father's Name			
3	Mailing Address			
4	Mobile No			
5	Telephone No.			
6	Email address			
7	Aadhar No			
8	Permanent Address			
9	Date of Birth (DD/MM/YYYY)			
10	Age	Years	Months	Days
11	Gender			
12	Marital Status			
13	Whether Orthopedic Physically			

	Handicapped (OPH) (Yes/No) Attach attested copy of certificate on the proforma	
14	Percentage of disability	
15	Category under which applied (UR/SC/ST/OBC/EWS)	
16	State of Domicile	
17	Nationality	
18	Religion	

II. 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	Name of Institute/ University	Medical Council Registration No.
Matric/S.S.C.					
Intermediate/ HSC					
B.Sc					
M.B.B.S					

(b) Postgraduate Career:

Examination Passed	Year of Passing	No. of attempts	Class/Division	Name of Institute/ University
M.D./M.S.				
M.Sc.				
D.M/M.Ch.*				
D.N.B.				
Ph.D.				

* Must indicate No. of years of the course (2yrs/3yrs/5yrs) and name of the Institute with full address.

III. TEACHING/RESEARCH EXPERIENCE:

(Please attach attested copies of experience Certificates)

After obtaining Postgraduate/Super Specialty/Ph.D. Qualification including present employment:

Sl.No.	Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
		From	To	Yrs.	Mths.	Days		
1.								
2.								
		Total						

IV. ACHIEVEMENTS:

1	Details of Prizes, Medals, Scholarships & National / International Awards etc.	
2	Additional qualification such as Membership of Scientific Society etc.	
3	Research Experience, if any, together with details of published works in indexed journals.	
4	Details of Research projects with extramural funding with amount of fund received	
5	No. of Papers presented at National conference	
6	No. of Papers presented at International conference	
7	No. of Chapter in books/books edited	
8	Are you willing to accept the consolidated pay offered?	
9	If Selected, what notice period would you require before joining	
10	Have you been outside India for Academic Purpose? If so, give following information:	

13 a) RESEARCH PUBLICATIONS:

- Total Number of Publications
- Total number of Publications in PubMed
- Total number of publications as the first or corresponding author
- H index

Please provide a list of all your scientific publications available in PubMed in chronological order providing details of articles including whether Original article/review/case report, indexed / non-indexed, impact factor and number of citations for the articles:

Sl. No.	Particulars of Article (In Vancouver format)	Type	Indexed in	Impact Factor of the Journal	Citations

13b) Please provide a list of all your chapters in books/ books edited in chronological order:

Sl. No.	Particulars of Chapter/ Book (in Vancouver format)

14. State the foreign/ regional languages you know:

No.	Language	Can read	Can write	Can speak
(i)				
(ii)				
(iii)				

15. Give below the full details of the names/particulars of two referees from your speciality who are in a position to testify from personal knowledge to your 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

NAME	STATUS & INSTITUTE	CONTACT NUMBER

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

Date:

Signature of the candidate

Place:

NOTE:

1. **INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT DEMAND DRAFT OF THE REQUIRED AMOUNT WILL NOT BE CONSIDERED.**
2. **SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENT REFERRED AT POINT NO.2 OF GENERAL CONDITIONS PUBLISHED IN WEBSITE ADVERTISEMENT.**

DECLARATION BY THE CANDIDATE

(Post applied for _____ in the Deptt. of _____
at AIIMS, Bathinda).

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 on regular basis.

Date:

Signature of the candidate

Place:

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

SELF EVALUATION (not more than 150 words)

Post applied for _____

Date:

Signature of candidate

LIST OF ENCLOSURES

S.No	Particulars of enclosures	Attached (Yes/No)
1.	Birth Certificate	
2.	Matriculation Certificate	
3.	Marksheets of MBBS/M.Sc for all years	
4.	MBBS Degree Certificate	
5.	M.D/M.S./DNB/M.Sc Degree Certificate	
6.	D.M./M Ch. Degree Certificate	
7.	Experience Certificate(s)	
8.	Community Certificate (SC,ST / OBC (Non-Creamy Layer)	
9	Income and Asset certificate in case of EWS candidates	
10	Registration & Additional Registration with Medical Council Certificate	
11.	Disability Certificate	
12.	Any other relevant certificate(s)	

Candidates already employed in Central/State Govt./Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt. should get the following endorsement signed by their present employer (appointing authority).

Candidates already employed in Central/State Govt./Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt. should get the following endorsement signed by their present employer (appointing authority).

No Objection Certificate

1. Certified that Dr./Shri/Smt./Kumari _____ holds a post of _____ in department of _____ for the period from _____ to _____ on regular basis in this Department/Office/Institution/Organization.

I have no objection to his/her application being considered for the post of _____ in the department of _____ in AIIMS, Bathinda. In the event of his / her selection to the post, he/she will be relieved from the duty to take up the post of _____ in AIIMS, Bathinda.

No. _____

Dated _____

Signature _____

Designation _____

(Seal with Name & Designation)

Office Stamp

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I _____ son/daughter Shri _____ resident of
Village/ Town/ City/ District _____ State
_____ 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 Column3
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)

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri / Smt. / Kum* _____ son / daughter
of shri _____ of village /town _____ in
District _____ in _____ state belongs
to _____ community which is recognised as a backward class under :-

- (1) Resolution No.12011/68/93-BCC© dated 10th September 1993, published in the Gazette of India - Extraordinary -part 1, Section 1, No.186 dated 13th September 1993.
- (2) Resolution No.12011/9/94-BCC dated 19th October 1994, published in the Gazette of India - Extraordinary - part1, Section 1, No.163, dated 20th October 1994.
- (3) Resolution No.12011/7/95-BCC, dated 24th May, 1995, published in Gazette of India - Extraordinary - part 1,Section 1, No.88, dated 25th May 1995.
- (4) Resolution No.12011/44/96-BCC, dated 6th December 1996, published in Gazette of India - Extraordinary - part 1,Section 1, No.210, dated 11th December 1996.
- (5) Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.129, dated the 8th July 1997.
- (6) Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.164, dated the 1st Sept 1997.
- (7) Resolution No.12011/99/94-BCC, published in Gazette of India - Extraordinary - No.236, dated the 11th Dec 1997.
- (8) Resolution No.12011/13/97-BCC, published in Gazette of India - Extraordinary - No.239, dated the 3rd Dec 1997.
- (9) Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.166, dated the 3rd Aug 1998.
- (10) Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.171, dated the 6th Aug 1998.
- (11) Resolution No.12011/68/98-BCC, published in Gazette of India - Extraordinary - No.241, dated the 27th Oct 1999.
- (12) Resolution No.12011/88/98-BCC, published in Gazette of India - Extraordinary - No.270, dated the 6th Dec 1999.
- (13) Resolution No.12011/36/99-BCC, published in Gazette of India - Extraordinary - No.71, dated the 4th April 2000.

Shri/Smt./Kum* _____ and/or his/her family ordinarily reside(s)
in the _____ District of the _____ State. This is also
to certify that he/she does not belong to the persons/sections (**Creamy Layer**) mentioned in
column 3 (of the Schedule to the Government of India, Department of Personnel & Training OM
NO.36012/22/93 – Estt (SCT), dated 08.09.1993) and modified vide Government of India,
Department of Personnel and training O.M No.36033/3/2004-Estt.(Res) dated 09.03.2004.

Place : _____

Signature _____

Dated : _____

District Magistrate/Dy. Commissioner

etc.

*Strike out whichever is not applicable (With seal of office)

NB: (a) The term 'ordinarily' used here will have the same meaning as in section 20 of the
Representation
of People's Act., 1950.

- The Authorities competent to issue OBC caste certificates are indicated below :-

- (i)** District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st class Stipendiary Magistrate / Sub - Divisional Magistrate / Taluk Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st class Stipendiary Magistrate).
- (ii)** Chief Presidency Magistrate / Additional Chief Presidency Magistrate/ Presidency Magistrate.
- (iii)** Revenue Officer not below the rank of Tahasildar, and
- (iv)** Sub-Divisional Officer of the area where the Candidate and or his family resides.

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family**' is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size attested photograph of the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Sivarani

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
BRIEF OF THE CANDIDATE

Name of the Candidate:				
Applied for the Post of:				
Applied in the Department:				
Applied under Category: (UR/OBC/SC/ST/EWS)				
Date of Birth			Age of candidate as on last date of submission of online application	
Year	Month	Day		
Qualification				
Qualification	Year of Passing	No. of attempts	Name of the Institution	
Degree				
MBBS				
M.D.				
D.M./M.Ch				
D.N.B.				
PGDNB				
Any other				
Experience				
Post/Level/ Designation	Duration		Name of the Organization/Institution	Duration (YYMMDD)
	From	To		
Paper Published				
National/ International	Indexed	Non- Indexed	Accepted of publication	Presented at Conferences
National				
International				
Total				
Chapter in Books :				
Awards/ Recognitions:				
Any other information:				
Notice period required for joining:				

Paste recent
passport size
photograph
here.

Date:.....

Signature of Candidate