|  |  |  |
| --- | --- | --- |
|  | **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 on Direct Basis**

|  |  |  |
| --- | --- | --- |
| **Transaction reference no.**  | **Date** | **Amount** |
|  |  |  |

**Please attach proof of Fee Receipt with application form**

**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 LATESTSELF ATTESTED PHOTOGRAPH |

|  |  |
| --- | --- |
| **Application for the Post of** |  |
| **Department** |  |
| **Category under which applied (UR/SC/ST/ OBC/ EWS)** |  |

1. **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 | State of Domicile |  |
| 16 | Nationality |  |
| 17 | Religion |  |
| 18 | Presently working in Institution(Govt or Private) if Yes, Address of the employer (Institution/Hospital) |  |

1. **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.

1. **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** | **Name of Organization & Employer’s Address** |
| **From** | **To** | **Yrs.** | **Mths.** | **Days** |
| 1. |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |

1. **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:**

1. **You should have worked with one of the referees for at least two years.**
2. **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.

I am not employed in any other Government Institution/ Autonomous body.

**OR**

I am employed with ……………………………………… Government/Private Institution and if selected, I shall join duty only after acceptance of my resignation from my current employer

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

 **Annexure- I**

**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).**

**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.

1. **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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_statebelongs 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 / TalukMagistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st classStipendiary 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.

****

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

|  |  |  |
| --- | --- | --- |
| Name of the Candidate: |  | Paste recent passport size photograph here. |
| 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:** |  |

**Date:**…………………… **Signature of Candidate**