

# Application form for faculty post for AIIMS, Bathinda



Application No. \_\_\_\_\_

Details of application fee paid: \_\_\_\_\_

Demand Draft No. & Date \_\_\_\_\_

Amount: Rs. \_\_\_\_\_

Advt. No. PGI/RC/2020/016/1048

**NOTE:**

**I. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY TYPED, SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.**

**II. BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT AT PAGE NO. 11 TO BE SUBMITTED IN DULY TYPED ON LANDSCAPE SIZE (LEGAL A6) (SPECIMEN ENCLOSED).**

PASTE HERE SELF  
ATTESTED LATEST  
PHOTOGRAPH

Post applied for: \_\_\_\_\_ in the department of \_\_\_\_\_

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: \_\_\_\_\_

Fax.No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email ID: \_\_\_\_\_

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

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

(c) Sex: (Male/Female)

5. Whether belongs to:  UR  S.C.  S.T.  O.B.C.  P.H. (UR / SC / ST/ OBC)

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed 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: \_\_\_\_\_
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.				
1 <sup>st</sup> Prof.				
2 <sup>nd</sup> Prof.				
3 <sup>rd</sup> Prof.				
Final Prof.				

**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, if any, together with details of published works in indexed journals.
- NATIONAL
- INTER-NATIONAL

NUMBER OF PAPERS

Published		Accepted for publication	Presented at conference
Indexed	Non Indexed		

- 14. Chapter in books/books edited : \_\_\_\_\_
- 15. (a) Present employment/ post held : \_\_\_\_\_
- (b) Pay Scale : \_\_\_\_\_
- (c) Total emoluments drawn : \_\_\_\_\_
- (d) Address of present employer : \_\_\_\_\_
- 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.	Mths.	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 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 atleast two years.
  - ii. They must not be related to you.
  - iii. They must not be members of the Selection Committee of the Institute.

NAME	STATUS	ADDRESS
1.		
2.		

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 **Annexure- I**.

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

- i) For Assistant Professor (01 copy of 3 best publications)

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

**NOTE:**

**INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT DEMAND DRAFT OF THE REQUIRED AMOUNT OR NOT ACCOMPANIED BY 01 COPY EACH OF THE REQUIRED NUMBER OF 'BEST' PUBLICATIONS WILL NOT BE ENTERTAINED.**

Date:

Place:

Signature of the candidate

**DECLARATION BY THE CANDIDATE**

Post applied for \_\_\_\_\_ at AIIMS, Bathinda, Punjab.

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 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 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:  
Date:

**(Signature of applicant)**  
(in running handwriting)

**\*Note:** The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

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

1. Certified that Dr./Shri/Smt./Kumari \_\_\_\_\_ holds a post of \_\_\_\_\_ in this department/office/institution/ organization. I have no objection to his/her application being considered for the post.
2. Certified that he/she submitted his/her application to the department/ office/ institution/ organization on \_\_\_\_\_ for onward transmission to the AIIMS, Bathinda.

No. \_\_\_\_\_  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  
Designation \_\_\_\_\_  
Office Stamp \_\_\_\_\_

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA**

Post applied for \_\_\_\_\_

**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-II****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, BATHINDA**

1. Post applied for: \_\_\_\_\_

3. Full Name (BLOCK LETTERS):

-----  
 (Surname) (First Name) (Second Name)

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

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

5. Sex Male/Female

6. Whether belongs to:  Gen.  S.C.  S.T.  O.B.C.  P.H.

(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.				
1 <sup>ST</sup> Prof.				
2 <sup>nd</sup> Prof.				
3 <sup>rd</sup> Prof.				
Final Prof.				

**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 : \_\_\_\_\_
- (d) 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

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**SPACE FOR OFFICE USE:**

- 1. Whether applied through proper channel? Yes/No
- 2. The candidate is within age limit/ overage by \_\_\_\_\_ Yrs \_\_\_\_\_ months \_\_\_\_\_ days
- 3. Remarks

**BRIEF OF CANDIDATE FOR DIRECT RECRUITMENT FOR AIIMS, BATHINDA, PUNJAB**

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

<b>Qualifications:</b>	<b>Year of passing</b>	<b>No. of attempts</b>	<b>Institution/College</b>
Degree			
MBBS			
M.D./M.S./M.D.S.			
D.M./M.Ch			
D.N.B.			
M.Sc.			
Ph.D.			

<b>Experience:</b>	<b>Duration</b>		<b>Organization/Institution</b>
<b>Level/Designation</b>	<b>From</b>	<b>To</b>	

<b>Paper Published:</b>	<b>Indexed</b>	<b>Non-Indexed</b>	<b>Accepted for publication</b>	<b>Presented at Conferences</b>
National				
International				
Total				

<b>Awards/Recognitions</b>

<b>Chapter in Books</b>

<b>Any other information</b>
Notice period required for joining:



