

## 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**

Advertisement No.	N	lo. Al	IMS/I	BTI,	/Re	cCe	ll/S	R-J	R/231					
Name of the Department applied f	or											Please attached Recent Passport Size Photo		
Name of the Post														
Personal Details (IN CAPITAL LETTE	ERS)													
1. Full Name		21	311	यु	fd	fş	170	7						
2. Father's Name	120			1										
3. Address for correspondence with PIN code number										62				
4. Permanent Address with PIN code number		77	4		5			40	R. C.					
5. E-Mail Id (In Block Letter Only)														
6. Phone / Cell No.		+ 9	1	M	ED	IC	AL	ST						
7. Alternate Number		+ 9	1											
8. Marital Status		Marri	ied				Uı	nma	nrried Other					
9. Date of Birth	D	D M M Y Y Y Y 10. Nationality												
(Please Attach Document for Evidence)								11. State to which you belong						
12. If Physically Challenged Candidate	Туј	pe of H	land	licaj	p			Percentage Disability:						
13. Category (Please tick only)		UR		EWS				OBC (NC)			SC	ST		

14. Details of Educat	tiona	al Qı	ıalif	icati	ons												
Examination Pass	sed		University/Board/Institution/Council of Examinati							ıtion	Month, Year of Passing Attempt						
Secondary (10 <sup>th</sup> )																	
Senior Secondary (12	th)																
MBBS/M.Sc.																	
MD/MS/Ph.D.																	
DM/DNB/M.Ch																	
Any Other																	
15.Work Experience	e (if	any)				R	Ø	3	ATR	3	C	Íş	वान सु				
Name of Organization		P Fro	8	d of	Ser	rvice From						Designation	Natu Dut perfo	ies	Total Monthly Emoluments	Reason for Leaving Services	
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16. Publication				7			4	7	Inde	ex N	Vati	iona	l Journal		Inde	x Internationa	l Journal
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17. If Selected, speci required time to joi		ie m	inim	num													
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Date:		_														Signatureo	ftheCandidate

## Government of\_\_\_\_\_\_ (Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTION'S (EWS's)

Certificate No	Date:	
VALID FOR THE YEA	AR	
This is to certify that	Shri / Smt./ Kumari	Son / daughter / wife of
perma	anent resident of	•
Village/Street	Post 0	Office
District	in the State/Union Territo	toryPin Code
		nically Weaker Sections, since the gross annual
income* of his/her "fan	nily"** is below <b>₹ 8 lakh (Rupees</b> I	Eight Lakh only) for the financial year
His/her family does no	t <mark>ow</mark> n or possess any of the followi	ving assets***:
a) 5 acres of agric	ultural land and above;	
b) Residen <mark>tial flat</mark>	of 1000 sq. ft. and above;	in the second
c) Reside <mark>ntial plo</mark>	t of 100 sq. yards and above in noti	tified municipalities;
d) Reside <mark>ntial plo</mark>	t of 200 sq. <mark>yar</mark> ds and above in. are	eas oth <mark>er than the notified mun</mark> icipalities.
		_ belongs to the caste which is not recognized
as a Scheduled Caste, So	<mark>cheduled Tribe and Other Backw</mark> ar	ard Classes (Central List).
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	माहां खल ६	Signature with seal of
	0///	Signature with scar of
Recent Passport size	OF MEDICA	Office
Attested Photograph of the Applicant	31 INEDION	Office
της Αρρηταίητ		Name
		Designation