



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



RECRUITMENT CELL

Advertisement No.		Please attached Recent Passport Size Photo
Name of the Department applied for		
Name of the Post	Senior Resident	

DD. No	Date	Amount	Bank

Personal Details (IN CAPITAL LETTERS)

1. Full Name																				

2. Father's Name																				

3. Address for correspondence with PIN code number																					

4. Permanent Address with PIN code number																					

5. E-Mail Id (In Block Letter Only)																				
6. Phone / Cell No.	+	9	1																	
7. Alternate Number	+	9	1																	
8. Marital Status	Married.....					Unmarried.....					Other.....									

9. Date of Birth (Please Attach Document for Evidence)	D	D	M	M	Y	Y	Y	Y	10. Nationality	
									11. State to which you belong	

12. If Physically Challenged Candidate	Type of Handicap		Percentage Disability:

13. Category (Please tick only)	UR	EWS	OBC (NC)	SC	ST

14. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month and Year of Passing	No. of Extra Attempts
Secondary (10 th)			
Senior Secondary (12 th)			
MBBS/M.Sc.			
MD/MS/Ph.D.			
DM/DNB/M.Ch			
Any Other			

15. **DETAILS OF EMPLOYMENT IN CHRONOLOGICAL ORDER STARTING WITH THE LATEST**
(Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)

Sl. No.	Organization/Institution	Name of the Post held on regular basis	*Pay and Level of the post held	Nature of Employment	Period	
				Adhoc/Temporary / Permanent/ Deputation	From (DD/MM/YY)	To (DD/MM/YY)
i.						
Nature of duties performed during the above period						
ii.						
Nature of duties performed during the above period						

iii.						
Nature of duties performed during the above period						
iv.						
Nature of duties performed during the above period						
v.						
Nature of duties performed during the above period						
vi.						
Nature of duties performed during the above period						

16. Publication	Index National Journal	Index International Journal

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

18. 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.

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

Date:

Place:

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____ 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.

Date:

Place:

Signature of the candidate

ANNEXURE-I

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA, PUNJAB

Post applied for _____

SELF EVALUATION

(Require under Column 18 of the application)

Date:

Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 19 of the application)

1. Birth certificate
2. Matriculation certificate
3. Bachelor Degree Certificates
4. Master's Degree Certificate
5. Any other degree certificate
6. Experience certificate(s)
7. Community certificate
(SC, ST, OBC, PH)
8. Registration with Council Certificate
9. Any other relevant certificate(s)
10. THE DULY FILLED FORM HAS TO BE DEPOSITED IN RECRUITMENT CELL, AIIMS, BATHINDA.