



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



APPLICATION-FORM

PASTE HERE
SELF ATTESTED
PHOTOGRAPH

NOTE: TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

| Transaction reference no. | Date of transaction | Amount in ₹ |
|---------------------------|---------------------|-------------|
| | | |

Post applied for: _____
(for All India Institute of Medical Sciences, Bathinda, Punjab)

1. (a) Full Name (BLOCK LETTERS):

(First Name) (Middle Name) (Surname)

(b) Sex: Male / Female

(c) Marital Status: Married / Unmarried

2. Father's/Husband's Name: _____

3. (a) Address: _____

Email. _____

Mob. No. _____ PIN: _____

(b) Permanent Address _____

Email. _____

Mob. No. _____ PIN: _____

4. (a) Date of Birth: () () ()

(Date) (Month) (Year)

(b) Age as on 15 Mar 2022: () () ()

(Yrs.) (Months) (Days)

5. State of Domicile: _____

6. Nationality: _____ Religion: _____

7. Educational Qualifications:
(Please attach attested copies of certificates/degrees in support of your qualifications)

a) **Educational Qualification:**

| Examination Passed | Year of Passing | No. of attempts | Class/Division and Percentage | University/ Institution |
|-----------------------------|-----------------|-----------------|-------------------------------|-------------------------|
| Matric/S.S.C. | | | | |
| Intermediate/ HSC | | | | |
| Bachelor Degree in _____ | | | | |
| Master's Degree in _____ | | | | |
| Any Other Qualification | | | | |

8. **Details of Work Experience:**
(Please attach attested copies of experience certificates)

| Name of Post & Indicate Temporary/ Permanent | Period (Date) | | Duration | | | Name of the Organization | Salary Drawn/ Pay Scale (In case of Govt. Organization) | Nature of Duties |
|---|-------------------------------------|----|----------|-------|------|--------------------------|---|------------------|
| | From | To | Yrs. | Mths. | Days | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Experience | _____ Years _____ Months _____ Days | | | | | | | |

9. Details of Prizes, Medals, Scholarships & National/ International Awards etc.:

10. Additional qualification such as membership of scientific society etc.:

11. (a) Present employment/ post held if any : _____

(b) Pay Scale : _____

(c) Total emoluments drawn : _____

(d) Address of present employer : _____

: _____

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

13. 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.

14. 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

***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.36033/3/2004Estt(Res) dated 09.03.2004.

Place:

Date:

(Signature of the applicant)

*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.

ANNEXURE-I

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA, PUNJAB

Post applied for _____

SELF EVALUATION

(Require under Column 13 of the application)

Date:

Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 14 of the application)

1. Birth certificate
2. Matriculation certificate
3. Bachelor Degree Certificates
4. Master's Degree Certificate
5. Any other degree certificates
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 on the date of Interview