APPLICATION-FORM- ENGAGEMENT OF CONSULTANTS ON CONTRACTUAL BASIS

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.

Post applied for: _____ on Contractual basis (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) Postal 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 Jul 2022:   (   )   (   )   (   )
                                              ----------   ----------   ----------
                                              (Yrs.)   (Months)   (Days)

5.   State of Domicile: _____

6.   Nationality: _____Religion: _____

7.   Date of entry into service: _____ Date of superannuation: _____

8.   Date of Retirement under Central/State Government Rules & PPO No.: _____

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

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

10. **Details of Work Experience:** (in chronological order enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient. Please attach attested copies of experience certificates)

Name of Post & Indicate Temporary/ Permanent	Period (Date)		Duration			Name of the Organization	Last Basic Pay with Grade Pay	Nature of Duties
	From	To	Yrs.	Mths.	Days			
Total Experience	_____ Years _____ Months _____Days							

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

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

13.   (a)   Last employment/ post held   : _____

        (b)   Pay Scale with Grade Pay   : _____

        (c)   Total emoluments drawn   : _____

        (d)   Address of Last employer   : _____

                                                    :_____

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

15.   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.

16.   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.

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post.

I have read this circular and ready to accept the terms and conditions for engagement as consultant as mentioned in Annexure-I & detailed advertisement.

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

Date:

Place: Signature of the candidate

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA, PUNJAB

Post applied for _____

SELF EVALUATION
(Require under Column 15 of the application)

Date: Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 16 of the application)

S. No	Certificates	Tick (√) as applicable
1.	Date of Birth certificate & Matriculation certificate	
2.	Aadhar Card/ Identity Card	
3.	Bachelor Degree Certificates	
4.	Master's Degree Certificate	
5.	Any other degree certificates	
6.	Experience certificate(s)	
7.	Copy of PPO	
8.	Copy of retirement notification	
9.	Copy of Last Pay Certificate	

Signature of candidate