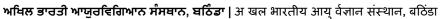


## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001





PASTE HERE

## **RECRUITMENT CELL**

#### **APPLICATION-FORM**

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

	Transaction No. /UTR No./ Reference No.	Da	te of tra	ansaction	Am	ount in ₹	SELF ATTESTED PHOTOGRAPH
	Post applied for:						
	(for All India Institute						
1.	(a) Full Name (BLOCK LETTERS)	:					
	(First Name)	(Midd	lle Name)	)		(Surname)	
	(b) Sex: Male / Female		(c) Marit	al Status: Ma	arried / U	nmarried	
2.	Father's/Husband's Name:						
3.	Category: EWS/SC/ ST/OBC/GEN						
4.	(a) Address:						
	Email.				_		
	Mob. No	PIN:	:				
	(b) Permanent Address						
	Email.						
	Mob. No	PIN:	:				
5.	(a) Date of Birth: (	)	(	) (	)		
	(Date	e)	(Moi	nth)	(Year)		
	(b) Age as on 19 Apr 2023:	(	)	( )	(	)	
		(Yrs	s.)	(Months)	)	(Days)	
6.	State of Domicile:						

(Pleas	se attach a			of ce	ertificate	s/degr	ees	in support of you	r quali	fications)	
Examination Passed		Year of Passing		No. of attempts			Class/Division and Percentage			University/ Institution	
						S					
Matric/S.S.C.											
Intermediate/ H	HSC										
Diploma in											
Bachelor Degr	ee in										
Master's Degre	e in										
Any Other Qual	lification										
		Experience		of ex	perience	e certif	ficate	es)			
Name of Post &	Period	eriod (Date)		Duration		Name of the		ary Drawn/ / Scale (In	Nature of Duties		
Indicate	From	То	Yrs	S.	Mths.	Days	6	Organization	cas	e of Govt. ganization)	
Temporary/											
Permanent											
Total Experience		Voc	are			Month	ne l	Days			

\_Religion: \_

7.

8.

Nationality: \_\_

**Educational Qualifications:** 

10.	Details	of Prizes, Medals, Scholarships & Nationa	l/ International Awards etc.:	
11.	Addition	nal qualification such as membership of scie	entific society etc.:	
12.	(a)	Present employment/ post held if any	:	_
	(b)	Pay Scale	:	_
	(c)	Total emoluments drawn	:	_
	(d)	Address of present employer	:	-
			:	
13.		ted, what notice period would you before joining	:	
14. teaching, given in A	researc	aluation of your work, particularly its stre h and administrative, related to the job, whi		
15. as per list		attested copies of certificates/ degrees in ed Annexure-II.	support of age, category, qualification	on and experience etc
Date:				
Place:			Signature of the candi	date

## **DECLARATION BY THE CANDIDATE**

Post applied for	at AIIMS, Bathinda.
and belief. I have not suppressed any mater candidature is liable to be rejected in the ever being detected and after my appointment in su without any notice to me or reasons thereof. I amy fitness for employment under the Government	true, complete and correct to the best of my knowledge rial, fact or factual information. I understand that my nt of any mis- statement/discrepancy in the particulars such an event, my services are liable to be terminated am not aware of any circumstance, which might impair nt.  If eligibility regarding age limit, educational qualification
I am not employed in any other Government Inst	titution/ Autonomous body.  OR
Large amenda ya di yaith	
shall join duty only after acceptance of my resign	Government/Private Institution and if selected, I nation from my current employer
Date:	
Place:	Signature of the candidate
*DECLARATION TO BE SIG	NED BY OBC CANDIDATES ONLY
Ison/daugl	hter/wife of
resident of Village/Town/City/District	
State Community	
declare that I belong to the	
recognized as a backward class by the Govt. of	
as per orders contained in Department of I	<b>v</b>
No.36012/22/93-Estt(SCT) dated 8.9.1993. It	~
persons/sections (creamy layer) mentioned in	, ,
dated 08.09.1993 and modified vide Govt. of In-	dia, Department of Personnel and Training Oil
No.36033/3/2004Estt(Res) dated 09.03.2004.	
Place:	(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.

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA, PUNJAB

Post applied for	
	SELF EVALUATION
	(Require under Column 14 of the application)

Date: Signature of candidate

#### **ANNEXURE-II**

LIST OF ENCLOSURES: (Required under column 15 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.	Community certificate (SC, ST, OBC, PH)					
8.	Proof of deposit -Application fee receipt					
9.	Copies of any other relevant documents					

Signature of candidate