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|  | **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** |  |

**Application Form for Faculty Post for AIIMS, Bathinda on Deputation Basis**

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| **Application for the post of in**  **the Department of on Deputation basis at AIIMS, Bathinda** | | | | | | |
| 1. | Name and address in BLOCK letters | | | ..................................................  ..................................................  ..................................................  .................................................. | | Affix here recent passport size photograph |
|  | | |
| 2. | Father’s Name | | |  | | |
| 3. | Date of Birth (in Christian era) | | |  | | |
| 4. | Date of retirement under Central/State Government  Rules | | |  | | |
| 5. | Educational Qualification | | i) |  | | |
| ii) |  | | |
| iii) |  | | |
| iv) |  | | |
| 6. | Whether educational and other qualifications required for the post are satisfied (if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same). | | | | | |
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|  | Required | | | Possessed by the Applicant | |
| **Essential** |  | | |  | |
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|  | | |  | |
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| **Desirable** |  | | |  | |
| 7. | Please state clearly whether in the light of entries made by you above, you meet the requirements of the post | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8. |  | Details of employments **(in chronological order**) enclose a separate sheet, duly authenticated by your signature if the space below is insufficient. | | | | | | |
| S.  No | Name of the Office/Institute/Organization) | Post Held | Duration of Experience | | Total Duration of Experience  Year(s), Month(s), day(s) | Pay-band and Grade pay (Scale of Pay if in pre- revised scale of pay) | Nature of Duties |
| From | To |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| **Total work experience in required Grade Pay:** | | ……..…….……..………..**Year(s)**………………..…………….. **Month(s) Day(s)** | | | | | |

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| --- | --- | --- | --- |
| 9. | Nature of present employment (i.e.ad-hoc or temporary or  quasi-permanent or permanent) | |  |
| 10. | In case the present employment is held on deputation/contract basis, please state: (a) the date of initial appointment (b) period of appointment on deputation/contract (c) name of the parent office/organization to which you belong | |  |
| 11. | Additional details about present employment please state whether working under: (a)Central Government (b)State Government (c)Autonomous Organization (d)Government undertaking (e)University | |  |
| 12. | Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale. | |  |
| 13. | Total emoluments per month now drawn. | |  |
| 14. | Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is Insufficient. | |  |
| 15. | Whether belongs to SC/ST/OBC (if yes, please specify) | |  |
| 16. | Cont act Nos. | 1) Office |  |
| 2) Residence |  |
| 3) Mobile |  |
| 4) E-mail address |  |
| 17. | If selected, specify the minimum required joining time | |  |
| *Signature of the Candidate* | | | Candidate’s Address: |
| Date: | | |  |
| Countersigned: | | |  |
| [Employer/Authorized Officer] | | |  |

## **ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA**

## **BRIEF OF THE CANDIDATE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Candidate: | | | | | | |  | | | | Paste recent passport size photograph here. |
| Applied for the Post of: | | | | | | |  | | | |
| Applied in the Department: | | | | | | |  | | | |
| Applied under Category:  (UR/OBC/SC/ST/EWS) | | | | | | |  | | | |
| Date of Birth | | | | | | | Age of candidate as on last date of submission of online application | | | | |
| Year | Month | | | Day | | |  | | | | |
|  |  | | |  | | |
| **Qualification** | | | | | | | | | | | |
| Qualification | Year of Passing | | | | No. of attempts | | | Name of the Institution | | | |
| Degree |  | | | |  | | |  | | | |
| MBBS |  | | | |  | | |  | | | |
| M.D. |  | | | |  | | |  | | | |
| D.M./M.Ch |  | | | |  | | |  | | | |
| D.N.B. |  | | | |  | | |  | | | |
| PGDNB |  | | | |  | | |  | | | |
| Any other |  | | | |  | | |  | | | |
| **Experience** | | | | | | | | | | | |
| Post/Level/ Designation | Duration | | | | | Name of the Organization/Institution | | | | Duration (YYMMDD) | |
| From | | To | | |
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| **Paper Published** | | | | | | | | | | | |
| National/ International | | Indexed | | Non- Indexed | | Accepted of publication | | | Presented at Conferences | | |
| National | |  | |  | |  | | |  | | |
| International | |  | |  | |  | | |  | | |
| Total | |  | |  | |  | | |  | | |
| **Chapter in Books :** | |  | | | | | | | | | |
|  | | | | | | | | | |
| **Awards/ Recognitions:** | |  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Any other information:** | | | | | |  | | | | | |
| **Notice period required for joining:** | | | | | |  | | | | | |

**Date:**…………………… **Signature of Candidate**