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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 GROUP- ‘A’ NURSING COLLEGE FACULTY, AIIMS, BATHINDA

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

PASTE HERE SELF ATTESTED PHOTOGRAPH

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

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

(First Name) (Middle Name) (Surname)

* 1. Sex: Male / Female (c) Marital Status: Married / Unmarried

1. Father’s/Husband’s Name:
2. (a) Address:

Email.

Mob. No. PIN:

* 1. Permanent Address

Email.

Mob. No. PIN:

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

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(Date) (Month) (Year)

1. Age as on last date: ( ) ( ) ( )

(Yrs.) (Months) (Days)

1. Whether belongs to: General / SC / ST / OBC / PH

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed by the Govt. of India)

1. State of Domicile:
2. Nationality: Religion:
3. Educational Qualifications:

(Please attach attested copies of certificates/degrees in support of your qualifications)

## a) Educational Qualification:

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| --- | --- | --- | --- | --- |
| Examination  Passed | Year of  Passing | No. of attempts | Class/Division | University/ Institution |
| Matric/S.S.C. |  |  |  |  |
| Intermediate/ HSC |  |  |  |  |
| Bachelor Degree |  |  |  |  |
| Masters Degree |  |  |  |  |
| Any Other Qualification |  |  |  |  |

1. **Details of Work Experience:**

(Please attach attested copies of experience certificates)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Post held (Indicate Temporary/  Permanent) | Period | | Total Period | | | Pay Scale | Nature of Duties |
| From | To | Yrs. | mths. | days |
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| Total Experience | Years Months Days | | | | | | |

1. Details of Prizes, Medals, Scholarships & National/ International Awards etc.:
2. Additional qualification such as membership of scientific society etc. :
3. (a) Present employment/ post held if any :
   1. Pay Scale :
   2. Total emoluments drawn :
   3. Address of present employer :

:

1. If selected, what notice period would you

require before joining :

1. 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.
2. 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: (Signature of the applicant)

Date:

\*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 14 of the application)

Date: Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 15 of the application)

1. Birth certificate
2. Matriculation certificate
3. Bachelor Degree Certificates
4. Masters 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, AYUSH BLOCK, AIIMS, BATHINDA.