

 सत्यमेव जयते	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 <u>RECRUITMENT CELL</u>	
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Advertisement No.		Please attached Recent Passport Size Photo
Name of the Department applied for		
Name of the Post		

Personal Details (IN CAPTIAL LETTERS)

1. Full Name																														
2. Father's Name																														
3. Address for correspondence with PIN code number																														
4. Permanent Address with PIN code number																														
5. E-Mail Id (In Block Letter Only)																														
6. Phone / Cell No.	+	9	1																											
7. Alternate Number	+	9	1																											
8. Marital Status	Married.....										Unmarried.....										Other.....									
9. Date of Birth (Please Attach Document for Evidence)	D	D	M	M	Y	Y	Y	Y	10. Nationality																					
									11. State to which you belong																					
12. If Physically Challenged Candidate	Type of Handicap										Percentage Disability:																			
13. Category (Please tick only)	UR						EWS						OBC (NC)						SC						ST					

14. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10 th)			
Senior Secondary (12 th)			
MBBS/M.Sc.			
MD/MS/Ph.D.			
DM/DNB/M.Ch			
Any Other			

15. Work Experience (if any)													
Name of Organization	Period of Service From												Designation
	From						To						Nature of Duties performed
	D	D	M	M	Y	Y	D	D	M	M	Y	Y	

16. Publication	Index National Journal	Index International Journal

17. If Selected, specify the minimum required time to join	
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Bring the original and attested photocopies of related documents and publications at the time of Interview.

18. I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false / incorrect my candidature/services are liable to be terminated without any notice. I agree to abide by the terms and conditions for contractual appointment.

Place: _____

Date: _____

Signature of the Candidate

Government of _____
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTION'S (EWS's)

Certificate No. _____ **Date:** _____ **VALID FOR THE YEAR** _____

This is to certify that Shri / Smt./ Kumari _____ Son / daughter / wife of _____ permanent resident of _____,

Village/Street _____ Post Office _____

District _____ in the State/Union Territory _____ Pin Code _____

whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her "**family**"** is below **₹ 8 lakh (Rupees Eight Lakh only)** for the financial year _____.

His/her family does not own or possess any of the following assets***:

- a) 5 acres of agricultural land and above;
- b) Residential flat of 1000 sq. ft. and above;
- c) Residential plot of 100 sq. yards and above in notified municipalities;
- d) Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent Passport size

Attested Photograph of
the Applicant

Signature with seal of

Office _____

Name _____

Designation _____