



All India Institute of Medical Sciences, Bathinda
(An Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)

APPLICATION-FORM FOR THE POST OF FACULTY (GROUP 'A') ON CONTRACTUAL BASIS

AIIMS/BTI/Rect.Cell/FacultyContract/218

Dated: 07-04-2021

NOTE: I. 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)

(b) Sex: Male / Female (c) Marital Status: Married / Unmarried

2. Father's/Husband's Name: _____

3. (a) Address: _____

Email. _____

Mob. No. _____ PIN: _____

(b) Permanent Address _____

Email. _____

Mob. No. _____ PIN: _____

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

(Date) (Month) (Year)

(b) Age: () () ()

(Yrs.) (Months) (Days)

5. 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)

6. State of Domicile: _____

7. Nationality: _____ Religion : _____

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

a) **Educational Qualification:**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
Matric/S.S.C.				
Intermediate/ HSC				
M.B.B.S.				
MD / MS				
DM / MCh				

9. **Details of Work Experience:**
(Please attach attested copies of experience certificates)

Post held (Indicate Temporary/ Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Yrs.	mths.	days		

10. Details of Prizes, Medals, Scholarships & National/ International Awards etc.
11. Additional qualification such as membership of scientific society etc.
12. (a) Present employment/ post held if any : _____
- (b) Pay Scale : _____
- (c) Total emoluments drawn : _____
- (d) Address of present employer : _____
- : _____
13. If selected, what notice period would you require before joining : _____
14. 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.
15. 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 18 of the application)

Date:

Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 19 of the application)

1. Birth certificate
2. M.B.B.S. Degree Certificates
3. MD/MS Degree Certificate
4. DM/MCh degree Certificate
5. Degree Recognition certificates
6. Any other degree certificate
7. Experience certificate(s)
8. Community certificate
(SC, ST, OBC, PH)
9. Registration with Council Certificate
10. Any other relevant certificate(s)
11. THE DULY FILLED FORM HAS TO BE DEPOSITED IN RECRUITMENT CELL,
AYUSH BLOCK, AIIMS, BATHINDA.