



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA**  
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001  
ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ | अ खल भारतीय आयुर्वज्ञान संस्थान, बठिंडा

**RECRUITMENT CELL**



**APPLICATION-FORM**

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

PASTE HERE  
SELF ATTESTED  
PHOTOGRAPH

Transaction No. /UTR No./ Reference No.	Date of transaction	Amount in ₹

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. 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) (Month) (Year)

(b) Age as on 19 Apr 2023: ( ) ( ) ( )  
\_\_\_\_\_  
(Yrs.) (Months) (Days)

6. State of Domicile: \_\_\_\_\_

7. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

8. **Educational Qualifications:**

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

Examination Passed	Year of Passing	No. of attempts	Class/Division and Percentage	University/ Institution
Matric/S.S.C.				
Intermediate/ HSC				
Diploma in _____				
Bachelor Degree in _____				
Master's Degree in _____				
Any Other Qualification				

9. **Details of Work Experience:**

(Please attach attested copies of experience certificates)

Name of Post & Indicate Temporary/ Permanent	Period (Date)		Duration			Name of the Organization	Salary Drawn/ Pay Scale (In case of Govt. Organization)	Nature of Duties
	From	To	Yrs.	Mths.	Days			
Total Experience	_____ Years _____ Months _____ 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.

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post.

I am not employed in any other Government Institution/ Autonomous body.

**OR**

I am employed with ..... Government/Private Institution and if selected, I shall join duty only after acceptance of my resignation from my current employer

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.

**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)

<b>S. No</b>	<b>Certificates</b>	<b>Tick (√) as applicable</b>
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