

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001 ०००० ०००० ०००००, ०४० ।। अह िल भगरतीय आयुर्वा ान संस्थान, बठ6ंडा

RECRUITMENT CELL



| Advertisement No. | No. AIIMS/BTI/RC/JR/822 | |
|------------------------------------|-------------------------|--|
| Name of the Department applied for | | Please attached Recent Passport Size Photo |
| Name of the Post | | |

Personal Details (IN CAPITAL LETTERS)

| 1. Full Name | | | x 3 | गर् | ţſā | fş | 17 | 7 | | | | | |
|--|---|------|-------|-------|------|-------|----------------------|-------|--|------|--|--|--|
| 2. Father's Name | | | | | | | | | | | | | |
| 3. Address for correspondence with PIN code number | | | | N N N | | | | | | | | | |
| 4. Permanent Address with PIN code number | | 10/1 | PH | | 0000 | | 2 | 10 | | | | | |
| 5. E-Mail Id (In Block Letter Only | , | 1. | | 4 | ख | el de | 1 | | ICHOED? | | | | |
| 6. Phone / Cell No. | | + | 9 1 | N | | IC | N | S | | | | | |
| 7. Alternate Number | | + | 9 1 | | | | | - | | | | | |
| 8. Marital Status | | | rried | | | | U | nma | arried Other | | | | |
| 9. Date of BirthD(Please Attach Document forEvidence) | | | M N | 1 Y | Y Y | Y | Y | 11 |). Nationality I. State to which you elong | | | | |
| 12. If Physically Challenged Candidate | Physically Challenged Type of Handicap idate | | | | | | - Percentage Disabil | lity: | | | | | |

| 12 Cotogowy (Diagon tight only) | UR | EWS | OBC (NC) | SC | ST | |
|---------------------------------|----|-----|----------|----|----|--|
| 13. Category (Please tick only) | | | | | | |

| 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 | | / | P Fro | 8 | od of | fSer | vic | e Fr | | 0 | ę | | Designation | Nature of Duties performed | Total Monthly Emoluments | Reason for Leaving Services |
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| 16. Publication | 1 Ac | Index National Journal | Index International Journal |
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| 17. If Selected, specify the minimum | |
|--------------------------------------|--|
| required time to join | |

Bring the original and attested photocopies of related documents and publications at the time of Interview.

Place:

Date:_____

SignatureoftheCandidate

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

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).

| | ीय खलु हो Signature with seal of |
|---|----------------------------------|
| Recent Passport size Attested Photograph of the Applicant | FOF MEDICAL SCIPTION Office |
| | Designation |