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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 Faculty Posts on Direct Recruitment Basis at AIIMS, Bathinda**

|  |  |  |
| --- | --- | --- |
| **Transaction reference no.**  | **Date** | **Amount** |
|  |  |  |

**Please attach proof of Fee Receipt with application form**

**NOTE:**

|  |  |
| --- | --- |
| 1. | TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY ‘TYPED’, SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS. |
|  |  |
| 2. | **BRIEF OF CANDIDATE TO BE SUBMITTED**  |

|  |
| --- |
| PASTE HERE LATESTSELF ATTESTED PHOTOGRAPH |

|  |  |
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| **Application for the Post of** |  |
| **Department** |  |
| **Category under which applied (UR/SC/ST/ OBC/ EWS/PwBD)** |  |

1. **CANDIDATE DETAILS**

|  |  |  |
| --- | --- | --- |
| 1 | Full Name (in BLOCK LETTERS) as per Matriculation Certificate |  |
| 2 | Father’s Name |  |
| 3 | Mailing Address |  |
| 4 | Mobile No |  |
| 5 | Telephone No. |  |
| 6 | Email address |  |
| 7 | Aadhar No |  |
| 8 | Permanent Address |   |
| 9 | Date of Birth (DD/MM/YYYY) |  |
| 10 | Age  | Years | Months | Days |
|  |  |  |
| 11 | Gender |  |
| 12 | Marital Status |  |
| 13 | Whether Orthopedic Physically Handicapped (OPH) (Yes/No)Attach attested copy of certificate on the proforma |  |
| 14 | Percentage of disability |  |
| 15 | State of Domicile |  |
| 16 | Nationality |  |
| 17 | Religion |  |
| 18 | Presently working in Institution(Govt or Private) if Yes, Full address of the employer (Institution/Hospital) |  |

1. **EDUCATIONAL QUALIFICATIONS:**

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

 **(a) Undergraduate Career**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Examination Passed** | **Year of Passing** | **No. of** **attempts** | **Class/****Division** | **Name of** **Institute/ University** | **Medical Council Registration No. Wherever Required** |
| **Matric/S.S.C.** |  |  |  |  |  |
| **Intermediate/****HSC** |  |  |  |  |  |
| **B.Sc. in** **\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |
| **M.B.B.S** |  |  |  |  |  |

**(b) Postgraduate Career**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination** **Passed** | **Year of** **Passing** | **No. of** **attempts** | **Class/Division** | **Name of** **Institute/ University** |
| **M.D./M.S.** |  |  |  |  |
| **M.Sc. in \_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
| **D.M\*/ M.Ch.\*** |  |  |  |  |
| **D.N.B.** |  |  |  |  |
| **Ph.D.** |  |  |  |  |

\* **Must indicate No. of years of the course (2yrs/3yrs/5yrs) and name of the Institute with full address.**

1. **TEACHING/RESEARCH EXPERIENCE:**

 (Please attach attested copies of Experience Certificates)

 **After obtaining Postgraduate/ Super Specialty/ Ph.D. Qualification including present employment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Post held****(Indicate****Temporary/****Permanent)** | **Period** | **Total period** | **Pay Scale** | **Name of Organization & Employer’s Address** |
| **From** | **To** | **Yrs.** | **Mths.** | **Days** |
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|  |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |

1. **ACHIEVEMENTS:**

|  |  |  |
| --- | --- | --- |
| 1 | Details of Prizes, Medals, Scholarships & National / International Awards etc. |  |
| 2 | Additional qualification such as Membership of Scientific Society etc. |  |
| 3 | Research Experience, if any, together with details of published works in indexed journals. |  |
| 4 | Details of Research projects with extramural funding with amount of fund received |  |
| 5 | No. of Papers presented at National Conference |  |
| 6 | No. of Papers presented at international conference |  |
| 7 | No. of Chapter in books/ books edited |  |
| 8 | Are you willing to accept the consolidated pay offered?  |  |
| 9 | If selected, what notice period would you require before joining |  |
| 10 | Have you been outside India for Academic Purpose? If so, give information. |  |

**3.** a) **RESEARCH PUBLICATIONS**:

* Total Number of Publications
* Total number of Publications in PubMed
* Total number of publications as the first or corresponding author
* H index

Please provide a list of all your scientific publications available in PubMed in chronological order providing details of articles including whether original article/review/case report, indexed / non-indexed, impact factor and number of citations for the articles:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Particulars of Article (In Vancouver format)** | **Type**  | **Indexed in** | **Impact Factor of the Journal** | **Citations** |
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**3.** b) Please provide a list of all your chapters in books/ books edited in chronological order:

|  |  |
| --- | --- |
| **Sl. No.** | **Particulars of Chapter/ Book (in Vancouver format)** |
|  |  |
|  |  |
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**4.** State the foreign/ regional languages you know:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Language** | **Can read** | **Can write** | **Can speak** |
| (i) |  |  |  |  |
| (ii) |  |  |  |  |
| (iii) |  |  |  |  |

**5.** Give below the full details of the names/particulars of two referees from your specialty who are in a position to testify from personal knowledge to your fitness for the post.

**Note:**

1. **You should have worked with one of the referees for at least two years.**
2. **They must not be related to you**

|  |  |  |
| --- | --- | --- |
|  **NAME**  | **STATUS & INSTITUTE**  | **CONTACT NUMBER** |
|  |  |  |
|  |  |  |

 I attach attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-I**

Date: Signature of the candidate

Place:

**NOTE:**

**1. INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT APPLICATION FEE OF THE REQUIRED AMOUNT WILL NOT BE CONSIDERED.**

2. **SUBMIT APPLICATION ALONG WITH ONE ATTESTED PHOTOCOPIES OF DOCUMENT REFERRED IN GENERAL CONDITIONS OF ADVERTISEMENT PUBLISHED ON INSTITUTE WEBSITE.**

**DECLARATION BY THE CANDIDATE**

(Post applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Deptt. of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 on regular basis.

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: Signature of the candidate**

**Place:**

 **ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA**

**SELF EVALUATION (not more than 150 words)**

Post applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature of candidate

 **Annexure- I**

**LIST OF ENCLOSURES**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Particulars of enclosures** | **Attached (Yes/No)** |
| 1. | Birth Certificate |  |
| 2. | Matriculation Certificate |  |
| 3. | Marksheets of MBBS/ M.Sc for all years |  |
| 4. | MBBS Degree Certificate |  |
| 5. | M.D/ M.S./ DNB/ M.Sc Degree Certificate |  |
| 6. | D.M./ M Ch. Degree Certificate |  |
| 7. | Experience Certificate(s) |  |
| 8. | Community Certificate [SC, ST / OBC (Non-Creamy Layer)] |  |
| 9 | Income and Asset certificate in case of EWS candidates |  |
| 10 | Registration & Additional Registration with Medical Council Certificate |  |
| 11. | Disability Certificate, if applicable |  |
| 12. | Any other relevant certificate(s) |  |

**Candidates already employed in Central/ State Govt./ Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt. should get the following endorsement signed by their present employer (appointing authority).**

**No Objection Certificate**

1. Certified that Dr./ Shri/ Smt./ Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

holds a post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on regular basis in this Department/ Office/ Institution/ Organization.

1. **I have no objection to his/ her application being considered for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at AIIMS, Bathinda. In the event of his / her selection to the post, he/ she will be relieved from the duty to take up the post of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at AIIMS, Bathinda.**

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal with Name & Designation)

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA**

**BRIEF OF THE CANDIDATE**

|  |  |  |
| --- | --- | --- |
| Name of the Candidate: |  | Paste recent passport size photograph here. |
| Applied for the Post of:  |  |
| Applied in the Department: |  |
| Applied under Category:(UR/OBC/SC/ST/EWS) |  |
| Date of Birth | Age of candidate as on last date of submission of online application |
| Year | Month | Day |  |
|  |  |  |
| **Qualification** |
| Qualification | Year of Passing | No. of attempts | Name of the Institution |
| Degree |  |  |  |
| MBBS |  |  |  |
| M.D. |  |  |  |
| D.M./M.Ch |  |  |  |
| D.N.B. |  |  |  |
| PGDNB |  |  |  |
| Any other |  |  |  |
| **Experience** |
| Post/Level/ Designation | Duration | Name of the Organization/Institution | Duration (YYMMDD) |
| From | To |
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|  |  |  |  |  |
| **Paper Published** |
| National/ International | Indexed | Non- Indexed | Accepted of publication | Presented at Conferences |
| National |  |  |  |  |
| International |  |  |  |  |
| Total |  |  |  |  |
| **Chapter in Books :** |  |
|  |
| **Awards/ Recognitions:** |  |
|  |
|  |
| **Any other information:** |  |
| **Notice period required for joining:** |  |

**Date:**…………………… **Signature of Candidate**