

	<p style="text-align: center;">ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001 ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ</p> <p style="text-align: center;"><u>RECRUITMENT CELL</u></p>	
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Application Form for Faculty Posts on Direct Recruitment Basis at AIIMS, Bathinda

Transaction reference no.	Date	Amount

Please attach proof of Fee Receipt with this 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
LATEST
SELF ATTESTED
PHOTOGRAPH

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

I. 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)			

II. 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					
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(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.

III. 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		
1.								
2.								
3.								

4.								
	Total							

IV. 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

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)

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:

- i. You should have worked with one of the referees for at least two years.
- ii. 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

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.	NOC, if applicable	
13.	Transaction Fee Receipt	
14.	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.

2. 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. _____

Dated _____

Signature _____

Designation _____

(Seal with Name & Designation)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
BRIEF OF THE CANDIDATE

Name of the Candidate:				
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		
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:				

Paste recent
passport size
photograph
here.

Date:.....

Signature of Candidate