|  |  |  |
| --- | --- | --- |
|   | **ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA****JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001****ਅਖਿਲ ਭਾਰਤੀਆ ਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ | अखिल भारतीय आयुर्विज्ञान संस्थान, बठिंडा****RECRUITMENT CELL** |  |

**Application form for consideration for promotion under APS to the grade of**

**For the batch :**

1. Name in block letters:-

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dr. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. (a) Department :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(b) Present designation:-

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

1. Date of Birth (DD/MM/YYYY)
2. Name of Central/ State Medical Council in which Registered, Registration No. & Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Educational Qualification:- (Please tick the relevant Degrees)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Examination** | **Subject/ Discipline/Title** | **University/ Institute/ College** | **Month & Year of Passing final****Examination** | **No. of attempts** | **Class/Division****/Grade** |
| **M.B.B.S** |  |  |  |  |  |
| **M.D./M.S.** |  |  |  |  |  |
| **D.M./M.Ch** |  |  |  |  |  |
| **M.Sc.** |  |  |  |  |  |
| **Ph.D.** |  |  |  |  |  |
| **Any other examinations(S)** |  |  |  |  |  |

1. Detail of Research work and published material during the assessment period, if any, mention the details and enclose reprint thereof:-
2. Employment details at AIIMS(starting from Assistant Professor only) :-

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Details of Extra Ordinary****Leave without pay during assessment period, if any** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Publication and Research Work (Give number only) (during the assessment period for the present promotion)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Published** | **Under Publication** | **1st Author/Communicating Author** |
| 1. **Research Papers**
	1. Indexed Journals
	2. Non-Indexed Journals
 |  |  |  |
| 1. **Books**
	1. Text Books
	2. Edited Books
	3. Educational Books
 |  |  |  |
| **3. Chapter in Books** |  |  |  |
| 1. **Abstracts**
	1. Indexed Journals
	2. Non-Indexed Journals
 |  |  |  |

1. Research Projects as Chief Investigator/Co-investigator:

|  |  |  |
| --- | --- | --- |
| **Source of Funding** | **Year** | **Total Amount** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Awards, fellowships and membership of professional bodies:-
2. Membership of Editorial boards of indexed international journals/Review Committees at National bodies and Institutions:-
3. Service: [Contributions made towards the development of new unit / specialty / laboratory / facility / programs / therapeutic or diagnostic procedures developed or patents taken (enclosed evidence)]:-
4. Contributions in community & national programmes:-
5. Describe you most notable contribution in Teaching and Research in 200 words:-
6. List of enclosures:

1.

2.

3.

4.

5.

##### UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place: Signature:

Date: Name of the Candidate:

 (IN BLOCK LETTERS)

Comments of Head of the Department / Officer Incharge of the Department

Signature

Name, Designation & Office Seal of the Recommending & Forwarding Authority