

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001

**ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ |** अ खल भारतीय आय् वंज्ञान संस्थान, बठिंडा





## **RECRUITMENT CELL**

## APPLICATION FORM FOR TUTOR/CLINICAL INSTRUCTOR POSITIONS ON DIRECT RECRUITMENT BASIS AT AIIMS BATHINDA

Details of Application Fee Paid				
SB Collect Reference No.	Amount Paid	Date of Payment		

**Paste Here Self Attested Recent Passport Size Photograph** 

(1). Personal Information				
1.	Name in Capital Letters (as per matriculation certificate)			
2.	Father's Name			
3.	Mother's Name			
4.	Gender			
5.	Candidate's Category			
6.	Post applied under Category			
7.	Ex-Servicemen/ Govt. Servant			
8.	Whether belonging to PwBD			
9.	Type of Disability			
10.	Percentage of Disability			
11.	Date of Birth (DD-MM- YYYY)			
12.	Age (in years and months)			
13.	Whether seeking age relaxation (Y/N)			

14.	Mark of Visible Identification	
15.	Nationality	
16.	Religion	
17.	Marital Status	
18.	Spouse Name	
19.	Contact Number	
20.	Alternate Contact Number	
21.	Valid Email Id	
22.	Valid Registration No.	
	Comm	unication Address
23.	City	
24.	District	
25.	State	
26.	Country	
27.	Police Station	
28.	Pin Code	
	Peri	manent Address
29.	City	
30.	District	
31.	State	
32.	Country	
33.	Police Station	
34.	Pin Code	
	1	

(2). Education Details							
Level	Board/ Ui	niversity	Passing Yo	Division / % of marks			
10th /SSC							
12th /HSC							
	(3) Ur	nder Graduation I	Details				
UG Degree/ Diploma	Year/ Passing Date	University/ Institute	Subject	Division / % of marks			
	(4) P	ost Graduation D	etails				
PG Degree/ Diploma	Year/Passing Date	University/ Institute	Subject	Division/ % of Marks			

	(5) Any Other Qualifications							
Qua	llification	Year/Passing Date	University/ Institute		Subj	ect	Divisi % of N	ion/ Marks
	(6) Experience	ce Details (Past t	to Present) (U	se ser	oarate	sheet,	if requ	ired)
Sr. No.	Organization Name & City		Type of Organizatio n	Regu Contr al		From	То	Total Experien ce
		(7). NOC	(No Objection	ı Certi	ficatio	on)		
Ia	I am not serving in any Govt. Organization, so I do not need to submit NOC.							
I a	I am serving in a Govt. Organization and I will submit NOC.							
I a	m serving in a	Govt. Organizatio	on and I will su	bmit V	igilanc	e Certifi	cate.	
	ave applied fo Interview.	r NOC and/or Vig	ilance Certifica	te I wil	l bring	g it at th	e time	

1.	DOB / X <sup>th</sup> certificate	
2.	Category Certificate (OBC/SC/ST/EWS), if applicable	
3.	Identity Certificate (Aadhar card, Pan card etc.)	
4.	PwBD Certificate, if applicable	
5.	UG Marksheet and Degree Certificates	
6.	PG Marksheet and Degree Certificate	
7.	Ph.D. Degree, if any	
8.	Registration Certificate as Nurse/ Midwife from State/ Indian Nursing Council	
9.	Experience Certificate (s)	
10.	No Objection Certificate, if applicable	
11.	Document in support of Age relaxation, if applicable	
	Total Enclosure(s)	

## **Declaration:**

I hereby declare that all the information stated above in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, I hereby convey my consent for cancellation of my candidature.

Signature of the Candidate