अखिल भारतीय आयुर्विज्ञान संस्थान, रेवाड़ी, हरियाणा-123102

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

All India Institute of Medical Sciences, Rewari, Haryana-123102

(An Institute of National Importance under the Ministry of Health & Family Welfare, Govt. of India)

Demand Draft no.	Date	Amount

Please attach proof of Fee Receipt with this application form

NOTE:

1. TO AVOID ANY MISREPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY '**TYPED**', SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

PASTE HERE LATEST SELF-ATTESTED PHOTOGRAPH

2. Brief of Candidate to Be Submitted

Advertisement No.	
Name of the Post	
Name of the Department Applied for:	
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 PwBD (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)	
19	(a) Registration No. with the Medical Council:	
	(b) State in which registered:	
	(c) Please mention the renewal date of the Medical Registration Certificate:	

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 applicable
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.D.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. WORK EXPERIENCE (if any):

(Please attach attested copies of Experience Certificates)

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								
Total								

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
1					
2					

3					
4					
5					

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, Rewari).

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: _____

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I _____son/daughter/wife of_____ resident of _____State _____ Village/Town/City/District _____Community_____ (certificate enclosed) hereby declare that I belong to the _____community which is recognized as a backward class by the Govt. of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT) dated 8.9.1993. It is also declared that I do not belong to the persons/sections (creamy layer) mentioned in Column 3 of OM No. 36012/22/93-Estt(SCT) dated 08.09.1993 and modified vide Govt. of India, Department of Personnel and Training OM No.36033/3/2004-Estt(Res) dated 09.03.2004.

Date: _____ **Signature of the candidate**

Place: _____

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 / B.Sc. & M.Sc. Degree Certificate	
5.	M.D./ M.S./ D.N.B./Ph.D. Certificate	
6.	D.M./ M Ch. Degree Certificate	
7.	Experience Certificate(s), Relieving Orders etc.	
8.	Category Certificate [SC, ST / OBC (Non-Creamy Layer)/EWS]	
9.	Registration & Additional Registration with Medical Council Certificate	
10.	Disability (PwBD) Certificate, if applicable	
11.	NOC, if applicable	
12.	Demand Draft	
13.	Completion of tenure and passing proof	
14.	Any other relevant documents	

Undertaking

1. I have never been debarred from any examination or rusticated by any university or any other educational authority / institution.

2. No case is pending against me in any court of law at the time of filling up of this application form.

3. No case is pending against me by any university or any other educational authority / institution.

4. No disciplinary action has ever been initiated against me by any institute / authority/ employer.

If any of the above is ever found incorrect my candidature is liable to be cancelled at any stage in future.

Name:

Signature:

Post Applied:

Date: