

## Annexure-I

Application for the post of _____ (on deputation basis) at AIIMS, New Delhi / NCI, Jhajjar						
1	Name and address in BLOCK letter				Please Affix here recent passport size photograph	
2	Father's Name					
3	Date of birth (in Christian era)					
4	Date of retirement under Central / State Government Rules					
5	Educational Qualification	i)				
		ii)				
		iii)				
		iv)				
6	Whether educational and other qualifications required for the post are satisfied (if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same).					
	<b>Qualifications / Experience with Designation</b>					
	<b><u>Essential</u></b>	Possessed by the Officer				
	Desirable:-					
7	Please state clearly whether in the light of entries made by you above, you meet the requirements of the post.					
8	Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your signature if the space below is insufficient.					
	Office/Instt./Organization	Post Held			Level of Pay Matrix (Scale of Pay if in pre-revised Pay-band and Grade Pay)	Nature of Duties
		Designation	From	To		

Conti.. on -2-



9	Nature of present employment (i.e.ad-hoc or temporary or quasi-permanent or permanent)	
10	In case the present employment is held on deputation / contract basis, Please state: (a) The date of initial appointment (b) Period of appointment on deputation / contract (c) Name of the parent office/organization to which you belong	
11	Additional details about present employment please state whether working under: (a) Central Government (b) State Government (c) Autonomous Organization (d) Government undertaking (e) University	
12	Are you in revised scale of pay? If you, give the date from which the revision took place and also indicate the pre-revised scale.	
13	Total emoluments per month now drawn.	
14	Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient.	
15	Whether belongs to SC/ST/OBC (if yes, please specify)	
16	Contact Nos.	1) Office
		2) Residence
		3) Mobile
		4) E-mail address
17	If selected, specify the minimum required joining time	
		<hr/> <b>Signature of the Candidate</b>
Date:	Address	
Countersigned:		
<hr/> <b>[Employer / Authorized Officer]</b>		