



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
साकेत नगर, भोपाल (मध्य प्रदेश) - 462020
Saket Nagar, Bhopal (M.P.) – 462020

APPLICATION FORM FOR GROUP-A FACULTY POSITIONS ON DIRECT RECRUITMENT BASIS AT AIIMS BHOPAL

Ref. Advertisement No. & Date: _____

Application For:

Designation		Affix self attested colour passport size photograph
Department		

(1) Personal Information:

1	Name (in Block Letters)	
2	Father's Name	
3	Mother's Name	
4	Gender	
5	Category for applying post	UR/SC/ST/OBC/EWS
6	Candidate's Category	UR/SC/ST/OBC
7	Whether Ex-Servicemen?	Yes/No
8	Whether employed in Govt. Service?	Yes/No
9	Whether belongs to PwBD?	Yes/No
(a)	Type of Disability	
(b)	Percentage of Disability	
10.	Whether belongs to Economically Weaker Section (EWS)?	Yes/No
11	Date of Birth & Age as on the last date of submission of application:	___/___/___ (___years, ___months, ___days)
12	Nationality	
13	Religion	

14	Marital Status	
15	Spouse Name	
16	Contact Number (Mobile)	
17	Alternate Contact Number(Mobile)	
18	Email id	
19	MCI Registration No. and Validity (Year)	
20	Communication Address (with PIN Code)	
21	Permanent Address with PIN Code (If other than the address for communication)	

(2) Education (Use separate sheet, if required):

Level (Schooling)	Board/University	Passing Year	Subjects	Result
10 th /SSC				
12 th /HSC				

Qualification	Subject	Year & month of Passing	Institute	University	Division/ % of marks	No. of Attempts
MBBS						
PG Degree (MD/MS/ DNB)						
Super- specialization (DNB/DM/ MCh)						
Any Other Qualification (Specify)-						

PhD Details:

Name of Department under which PhD is done	Institute	University	Duration of Course	Subject	Result	Date of Completion

(3) Details of work /Teaching/Research Experience (Past to present) (Use separate sheet, if required)

Sr. No.	Designation and Total Pay drawn	Organization & City	Type of Organization	Regular/ Contractual	Nature of work	Duration		Total Experience (in years, months & days)
						From	To	

(4) Publication Details (Use separate sheet, if required):

No. Of research Publications in indexed journals	No. Of original Research Articles	No. Of Case Reports	No. Of Review articles	Others	Total

4.1 List of Publications:

Sr. No.	Publication in indexed Journal (List in Vancouver style)	Index Name with ID/Link (PMD)/DOI etc.	Type of Publication [Original Research Article/ Case Report/ Review article/Others (please specify)]

4.2 List of Best five Original Research Publications in indexed journals (In Vancouver Style)

1	
2	
3	
4	
5	

4.3 Details of other Publications

1.	No.: Books	Details of authorship/publisher/edition/Title:
2.	No.: Chapters in Books	Details of authorship/publisher/edition/Title:
3.	No.: Monograms	Details of authorship/publisher/edition/Title:

(5) Awards:

S. No.	During Which Course/Work tenure	Year	Awarding Body	Description

(6) Other Details (Within 100 Words each):

1.Membership/ Fellowship of Academic Societies
2. Any other Academic Achievements/ Patent(s)
3.Self Assessment/ USP

4.Extra Curricular Activities

(7) Documents enclosed:

S.No.	Document Enclosed	YES/NO/NA
1	DOB/10 th certificate/Marksheet	
2	Caste Certificate-OBC/SC/ST (if applicable)	
3	PwBD Certificate(if applicable)	
4	UG Degree Certificate	
5	UG Final Mark sheet	
6	PG Degree Certificate	
7	PG Final Mark sheet	
8	Super specialisation Certificate (if applicable)	
9	Work/Teaching Experience Certificate(s)	
10	No Objection Certificate, if working in Central/State Government/Autonomous Bodies/PSUs etc.	
11	EWS Certificate (if applicable)	
12	Any other document (please specify)	

Total no. of Enclosure(s):

Note: Please use separate sheet(s) wherever required/necessary

(8) Details of Application fee Paid:

Demand Draft No.	Date of issue	Issuing Bank/Branch	Amount Rs.

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.

Date:

Signature of Candidate

Place:

Name of the Candidate