



अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर
हिमाचल प्रदेश -१७४०३७

All India Institute of Medical Sciences, Bilaspur
Himachal Pradesh-174037

<https://aiimsbilaspur.edu.in>
E-mail: - helpdesk.rec@aiimsbilaspur.edu.in



Annexure-I

Advertisement No. & Date: _____

Post Code: _____

Post Applied for: _____

Application No-

(Office use only)

Paste recent
passport
size colour
photograph

Fee Details:

Transaction ID _____ Date: ____ / ____ / ____ Amount _____

Personal Details (in CAPITAL letters only)

1. Full Name of applicant: _____

2. Father's Name: _____

3. Correspondence Address: _____

4. Permanent Address: _____

5. Email Address: _____

6. Phone No.: _____ 7. Alternate Phone No.: _____

8. Gender: ☐ Male

9. Date of Birth: _____

11. Nationality:_____

12. Category of the Candidate:

(Please see the detailed advertisement)

UR

EWS

☐ OBC

SC

☐ ST

13. Applied post category:

(Please see the detailed advertisement)

UR

EWS

 OBC

SC

☐ ST

14. Person with Disabilities: (tick '√' in the appropriate box)

☐ Yes☐ No

14 (a). Type of Disability_____

14 (b). Percentage of Disability_____

15. Identification Mark: _____

16. etails of Educational Qualifications:

S. No.	Examination Passed	University/ Board/ Institution/ Council of Examination	Year of passing	Aggregate % of Marks
1	Secondary (10 th)			
2	Senior Secondary (12 th)			
3	Graduation			
4	Post-Graduation			
5	Ph.D.			
6	Any Other			

17. Whether Registered with any Council? (If applicable, tick '✓' in the appropriate box)

☐ Yes☐ No

Registration No.....

State of registration.....

Date of Reg. / /

Name of the Council.....

18. Professional Experience (in chronological order)

(Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)

S.No.	Organization/ Institution	Name of the Post held	Pay Level	Nature of Employment	Period (DD/MM/YYYY)	
				Ad hoc/ Temporary/ Permanent/ Deputation	From	To
Total Experience:						
Total Experience (after qualifying eligibility criteria):						

Nature of Duties performed during above period:

19. (a) Present employment/Post held:

(b) Pay Scale:

(c) Total emoluments drawn:

(d) Address of present employer:

20. Publications:

Total	
In Indexed National Journals	
In Indexed International Journals	

21. Awards/ Distinction/ _____

22. Paper presentation if any: _____

23. If selected, what notice period would you require before joining _____

24. Self-evaluation of your work, particularly strengths in different fields of activity including patient care, teaching, research and administrative, related to the job, which in your view entitles you to the post applied for may be given in column-26.

I have attached self-attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed in general instruction.

Date:

Place:

Signature of the candidate

25. Declaration by the Candidate

Post applied for _____ at AIIMS, Bilaspur (H.P.)

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.

This is to certify that I, _____ (Name of the applicant) S/o _____ have no pending administrative and/ or criminal case before any court/ authorized body. I, further, certify that I have never been found guilty/ convicted of any administrative offense and/ or crime.

The above statements have been made by me voluntarily which are true to the best of my knowledge and belief.

Date:

Place:

Signature of the candidate

26. Self-Evaluation

(Required under Column 24 of the application)

Date:

Signature of the candidate

27. Candidates already employed should get the following endorsement signed by his/her present employer (Appointing authority).

1. Certified that Shri/Smt./Kumari _____ holds a post of in this department/office/institution/ organization. I have no objection to his/her application being considered for the post of contract basis.
2. Certified that he/she has submitted his/her application to the department/ office/ Institution/ Organization on _____ for onward transmission to the AIIMS Bilaspur, Himachal Pradesh.

Signature: _____

No. _____

Designation: _____

Dated ____ / ____ / ____

Office Stamp: _____

28. Undertaking

I, _____ hereby acknowledge that if I submit or produce any false document and it is discovered subsequently then I shall be liable for action under the Applicable Law for the time being in force.

Declaration: The above statements have been made by me voluntarily which are true to the best of my knowledge and belief.

Date:

Place:

Signature of the candidate