



13. If Physically Challenged Candidate	Type of Handicap	Percentage of Disability

**14. Details of Educational Qualifications**

Examination Passed	University/ Board/ Institution/ Council of Examination	Month & Year of passing	No. of Extra Attempts
Secondary (10 <sup>th</sup> )			
Senior Secondary (12 <sup>th</sup> )			
MBBS			
M.D./M.S./DNB			
Any Other			

**15. DETAILS OF EMPLOYMENT IN CHRONOLOGICAL ORDER STARTING WITH THE LATEST**  
*(Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)*

Sl No.	Organization/ Institution	Name of the Post held	Pay Level	Nature of Employment	Period	
				Adhoc/ Temporary/ Permanent/ Deputation	From (DD/MM/YY)	To (DD/MM/YY)
1.						
Nature of Duties performed during above period						
2.						
Nature of Duties performed during above period						
3.						
Nature of Duties performed during above period						

**16. Publications**

Total	In Indexed National Journals	In Indexed International Journals

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

:\_\_\_\_\_

18. Self-evaluation of your work, particularly its 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 Annexure- I.

19. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed Annexure-II.

Date:

Place:

Signature of the candidate

**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.

Date:

Place:

Signature of the candidate

**ANNEXURE-I**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR, HIMACHAL PRADESH**

Post applied for \_\_\_\_\_

**SELF EVALUATION**

(Required under Column 18 of the application)

Date:

Signature of candidate

## ANNEXURE-II

### LIST OF ENCLOSURES

(Require under Column 19 of the application)

- (a) Identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card etc.)
  - (b) Address Proof
  - (c) Certificate showing Date of Birth (10<sup>th</sup> Mark sheet/ Passport/ Birth Certificate).
  - (d) Four recent passport size photographs.
  - (e) Class 10th & 12th Marksheet and Certificates.
  - (f) Qualifying degree
    - i. MBBS Marksheet and degree certificates
    - ii. MD/DNB/MS Marksheet and degree certificate
    - iii. DM/M.Ch/DNB Marksheet and degree certificate
  - (g) Attempt and Internship Certificate.
  - (h) Registration with Medical Council of India/State Medical Council
  - (i) Experience Certificate
  - (j) FMGE certificate conducted by NBE (For foreign graduate)
  - (k) No Objection Certificate from the present employer in case a candidate is working in Govt./Semi Govt./Autonomous Body etc.#
  - (l) Proof of publications/ Awards/ Medals/ Training undergone
  - (m) Undertaking that the candidate has not been convicted by court of law and there are no criminal proceedings pending against the candidate (ANNEXURE III)
- # To be produced latest by date of appearing in interview

## ANNEXURE- III

### UNDERTAKING

I, \_\_\_\_\_ solemnly declare that I am not convicted in any criminal case and there are no criminal proceedings pending against me in any Court of Law.

I, \_\_\_\_\_ hereby acknowledge that if I submit or produce any false document and it is discovered subsequently then I shall be liable 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 knowledge and belief.

Date:

Place:

Signature of the candidate