

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



https://aiimsbilaspur.edu.in e-mail: - helpdesk.rec@aiimsbilaspur.edu.in

Post Applied for:	Advertisement No. & Date:	Application No-							
Fee Details:  Transaction ID	Post Applied for:	size colour							
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 Female 9. Date of Birth: D M M V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Fee Details:	pnotograph							
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 Female 9.Date of Birth: D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Transaction ID Date://	Amount							
2. Father's Name:  3. Correspondence Address:  4. Permanent Address:  5. Email Address:  6. Phone No.:  7. Alternate Phone No.:  8. Gender: Male Female 9. Date of Birth: D M M V V V V  10. Marital Status: Married Unmarried Other 11. Nationality:  12. Category of the Candidate: (Please see the detailed advertisement)  13. Applied post category: (Please see the detailed advertisement)  14. Person with Disabilities: (tick V) in the appropriate box) Yes No  (a) Type of Disability	Personal Details (in CAPITAL letters only)								
3. Correspondence Address:  4. Permanent Address:  5. Email Address:  6. Phone No.:  7. Alternate Phone No.:  8. Gender: Male Female 9. Date of Birth: D D M M V V V V V V V V V V V V V V V V	1. Full Name of applicant:								
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6. Phone No.:  7. Alternate Phone No.:  8. Gender: Male Female 9. Date of Birth: D D M M V Y Y Y  10. Marital Status: Married Unmarried Other 11. Nationality:  12. Category of the Candidate: UR EWS OBC SC ST  13. Applied post category: (Please see the detailed advertisement)  14. Person with Disabilities: (tick '√' in the appropriate box) Yes No  (a) Type of Disability	4. Permanent Address:								
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(a) Type of Disability	13. Applied post category: (Please see the detailed advertisement)	VS OBC SC ST							
15. Identification Mark:	(a) Type of Disability(b) Percentage of Disability								



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#### 16. Details of Educational Qualifications:

S. No.	Examination Passed	Name of the School/ College	Board/ University/ Institution/ Council of Examination	Year of passing	Aggregate % of Marks
1	Secondary (10 <sup>th</sup> )				
2	Senior Secondary (12th)		81_ 1011		
3	Graduation (MBBS/BDS)				
4	Post-Graduation				
5	Ph.D.				
6	Any Other				

Registration No	State of registration	Date of Reg / &

#### 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	ъ	Nature of Employment	Period (DD/MM/YYYY)	
		Post held	Pay Level	Ad hoc/ Temporary/ Permanent/ Deputation	From	То
				Total Experience:		
		Total Experience	e (after qu	alifying eligibility criteria):		



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### 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/	
23. If selected, what notice period would you require	before joining
	hs in different fields of activity including patient care, teaching in your view entitles you to the post applied for may be given
I have attached self-attested copies of certific experience etc. as per list enclosed in general instruc-	cates/ degrees in support of age, category, qualification and tion.
Date:	
Place:	Signature of the candidate



Place:

# अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर हिमाचल प्रदेश -१७४०३७

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



Signature of the candidate

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25. Declaration by the Candidate	
Post applied for	at AIIMS, Bilaspur (H.P.)
belief. I have not suppressed any material, fact or facture be rejected in the event of any mis-statement/discrepance	true, complete and correct to the best of my knowledge and al information. I understand that my candidature is liable to by in the particulars being detected and after my appointment 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
26. Self-Evaluation	
(Required under Colu	umn 24 of the application)
Date:	Signature of the candidate
27. Undertaking	
educational authority / institution ?	aw at the time of filling up of this application form?.
3. Any case is pending against me by any uni	versity or any other educational authority / institution?
4. Any disciplinary action has ever been initia	ated against me by any institute / authority/ employer?.
A PRODUCTION OF THE PRODUCT OF THE P	my candidature is liable to be cancelled at any stage in
Date:	



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#### General Instructions for filling of Application form

- 1. Before filling form, please read carefully about detailed advertisement, eligibility criteria, and fee details available on the official website (<a href="http://www.aiimsbilaspur.edu.in">http://www.aiimsbilaspur.edu.in</a>).
- 2. The candidates must ensure their eligibility in respect of category, experience, age and essential qualifications(s), etc. as mentioned against each post in the advertisement to avoid rejection at later stage.
- 3. The Executive director, AIIMS Bilaspur reserves the right to dispense with the written examination for any post keeping in view the number of applicants vis-a-vis vacancies & other circumstances.
- 4. Fill all details that are relevant to you in capital letters or numbers or tick (✓) the check box as required. All items are mandatory and must be filled in; otherwise, the form may be rejected.
- 5. Candidates must enter their email ID and mobile number in the application form correctly as all the important communication regarding the interview/exam will be made through email.
- 6. Please ensure that all information provided is correct and accurate.
- 7. Please note that you need to paste 3cm X 4cm recent passport size colour photograph with white background at the designated place. No other sizes will be accepted.
- 8. **Self-attested copies** of only following documents/certificates are to be provided in support of claims made / information given in the application form at the time of interview or must be send (Photocopy) with the application form in order as below
  - a) Matriculation Mark Sheet and certificate for age proof.
  - b) Application form fees submission details.
  - c) Degree/Diploma certificates along with Marks Sheets of all years in support of Educational Qualifications, the provisional certificate(s) as prescribed under Essential Qualification column in detailed advertisement.
  - d) Council Registration Certificate.
  - e) Experience certificates.
  - f) All other certificates, if any required for determining eligibility, which is ever applicable to the applicants.
  - g) No Objection Certificate from the present employer in case a candidate is working in Govt./Semi Govt./Autonomous Body etc.\*
  - h) Proof of publications/ Awards/ Medals/ Training undergone.
  - i) Undertaking that the candidate has not been convicted by court of law and there are no criminal proceedings pending against the candidate (Column-27).
  - j) Identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card etc.)
  - k) Certificate showing Date of Birth (10th Mark sheet/ Passport/ Birth Certificate).
     (\*To be produced latest by date of appearing in interview)
  - 1) The duly filled form has to be posted/deposited with all above documents.

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