

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) कल्यानी All India Institute of Medical Sciences (AIIMS) Kalyani (स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक सांविधिकनिकाय) (A Statutory Body under the Aegis of Ministry of Health and Family Welfare, GOI) राष्ट्रीय राजमार्ग – 34, बसन्तपुर, सागूना, कल्याणी, ज़िला – नदिया, पश्चिम बंगाल – 741245 NH – 34 Connector, Basantapur, Saguna, Kalyani, District Nadia, West Bengal – 741245

Application	n form	for W	/alk-i	n-inte	rview	for t	he po	st of	Medic	al Ph	ysicis	t cum	RSO (on coi	ntract	tual b	asis
Advertiseme	ent No:														a	.ffix h a rece passp	ent
Post applied	1 for:															ze co hotog	
1. Name	in b	lock l	lettei	:s: -													
2. Fat	ther/I	Iusba	and 's	Nam	ne in	bloc	k let	ters:	-								
3. Perm	anent	Addı	ress:	-									•				
Sta	ate																
Pir	ı																

Address for commu														
State														
Pin														
4. Contact Details: -														
Phone No. With STD (Code:													7
Mobile No.														
E-mail address:														_
5.				• •			Da	ite		Mor	nth		Ye	ar
5. Date of Birth with	ı docum	enta	ıry e	vide	nce		Da	ite		Mor	nth		Ye	ar
Date of Birth with		enta	ary e	vide	nce		Da	te Yea:	r		nth Mont	h	Ye	Day
		enta	ary ev	vide	nce		Da		r			h	Ye	
Date of Birth with Age as on 09.03.20		enta	ary e	vide	nce		Da			I				Day
Date of Birth with Age as on 09.03.20 6. Are you)24				nce		Da							
Date of Birth with Age as on 09.03.20)24 by birth	and	or b		nce		Da			I				Day
Date of Birth with Age as on 09.03.20 6. Are you (a) A citizen of India b	024 by birth evant co	and olum	or b	у		ntary		Yea		I				Day
Date of Birth with Age as on 09.03.20 6. Are you (a) A citizen of India b	oy birth evant co domicile OBC Ca the (ce) In (ce) in (ce)	and olum e, att andi Cate case issu cent	or b in) tach date gory of ed ly	doct ? (Yo (a OBO by valid	umeres/Nattac C, th th	o): h ne ne or		Yea		I				Day
Date of Birth with Age as on 09.03.20 6. Are you (a) A citizen of India by of the domicile? (Tick the release of India by of the citizen of India by of I	oy birth evant co domicile OBC Ca the (ce) In (ce) in (ce) ity receity receity receits	and olum e, att andi Cate case issu cent	or b in) tach date gory of ed ly	doct ? (Yo (a OBO by valid	umeres/Nattac C, th th	o): h ne ne or		Year		Birth				Day

9.	Educa	tional	Oualification:	_
J.	Buuca	LIUHAI	Qualification.	_

Name of the Examination passed	Subject/ Discipline/ Speciality	University/ Institute/ College	Month & Year of Passing final examination	Marks obtained (%)	Duratio n of Course	No of attempts

10. Experience: -

Name of the organization/I nstitute, worked	Date of joining	Date of leaving	Name of the post	Whether on Adhoc/ Contract/ Regular Basis	Nature of work (Teaching, Research or patient care)	Pay Band and present basic pay

11. Experience of Research work and available published material, if any, mention the details and enclose reprint thereof: -

12. Ar	re you working in a Govt./Autonomous Institute?
13. If	yes, please enclose No Objection Certificate from employer/Head of the Institute.
14. In	your understanding, top 10 priority required areas for the development of Institute
	tach self-attested photocopies of the following certificates/documents in the order as entioned below: -
1.	Certificate in r/o date of birth.
2.	Degree certificates of the qualification as mentioned in Sl. No. 9 of this application form.
3.	Experience Certificate after completion of P.G. degree/Ph.D as mentioned in Sl. No. 10 of this application form.
4.	Caste Certificate (if applicable) issued by Govt. of India.
5.	No Objection Certificate.
	<u>UNDERTAKING</u>
y know	solemnly affirm that the information furnished above is true and correct in all respects to the best of ledge. I have not concealed any information. I undertake that any information furnished herein, if be incorrect or false, I shall be liable for action as per rules in force.
ace	
	Signature of the Candidate
ate	
	Name of the Candidate in capitals

Dated: 09.03.2024

Application for the position of ______ on Direct Contractual basis at AIIMS, Kalyani

01	Name and address (in BLOCK Letters)	:		
02	Father's Name/ Husband's Name	:		Affix here recent
03	Date of Birth (in Christian era)	:		Passport size Photograph
04	(i) Date of entry into service	:		
	(ii) Date of Retirement under Central/State Government Rules	:		
05		(i)		
		(ii)		
	Educational Qualification	(iii)		
		(iv)		
		(v)		
06	Whether educational and of any qualification has been the authority for the same).	reated as equivalen	t to the one prescri	
		Qualifications/E	Experience	
	Essential (Please enclose o	copy of certificate)	Required	Possessed by the candidate
i.				
ii.				
iii.				
iv.				
	Essential Experiences	s (Please enclose cor	pies of experiences	Certificate)
	F	,	1.2.2.2.2.	,

07	Please state clearly whether in	the ligh	nt of ent	ries made by you	
	above, you meet the requiremen				
08	Details of employments (in	chrono	logical	order enclose a	
	separate sheet, duly authent	icated b	y your	signature, if the	
	space below is insufficient (Plea	ase enclo	se copie	es of	
	self-attested experiences certifi	cate)	•		
	•		Held	Pay-Band and	
				Grade Pay	
				(Scale of Pay,	
	Office/Inst./Organization			if in Pre-	Nature of Duties
	Office, mst., Organization	From	То	revised	Mature of Buties
				scale of pay) or	
				Gross Salary	
				aruss sarary	

		ļ				
		ļ				
09	Whether belongs to S	SC/ST/OB	C (if yes	, please	specify)	
10	Contact Nos.:-					
	Office:					
	Residence:					
	Mobile:					
	E-mail address:					
11	If selected, specify th	e minimui	m time re	equired:	for joining the	
	consultancy assigned	1.		_		
	-					

I do hereby declare that the information furnished above is true to the best of my knowledge and belief and in case the same is found to be incorrect at any state of the selection, my candidature will be treated as cancelled.

Place:

Date:

(Signature of the Candidate)