	Application for the post ofon deputation basis at				
		AIIMS, MANGALAGIRI			
1	Name and Present Address in Block Letters				
	Letters				
		Affix passp	here recent		
			pgraph		
2	Father's Name				
3	Date of Birth (DD/MM/YYYY)				
4	Aadhar Number				
5	Date of Retirement under Central/ State Government Rules				
6	Designation (Name of the post-held currently)				
7	Name of the Office/ Institution/ Organization, where-in working presently				
8	Date of Entry into Service				
9	Date of retirement under Central/ State Government Rules				
10	Educational Qualification	i)			
		ii)			
		iii)			
		iv)			
11		cations required for the post are satisfied (if any qualification he rules, state the authority for the same).	on has been treated		
12		Qualifications/ Experience			

	Essenti	al	Required				Poss	essed		
	Desirak	ole								
13	Please sta	ate clearly whether	in the light of entri	es made by y	ou 'ou					
	above, yo	u meet the require	ments of the post							
	Note: Borrowing Department are to provide their specific comments/views confirming the relevant Essential Qualification/ Work Experience possessed by the Candidate (as mentioned in the Bio-data) with reference to the post applied.									
14	Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your signature if the space below is insufficient.				re if the					
	SI. No	Name of the Office/ Institution/ Organization	Organization Type (Central Government/ State Government/ UT/ PSU etc	Post held		ration of t		Total Duration of Experience Years/ Months/ Days	Pay-band and Grade pay (Scale of Pay if in pre- revised scale of pay)	Nature of Duties
					From	То				
	1									
	2									
	3									
	4									
	5									
	Total Work experience in required Grade Pay			YearsMonthsDays						
15	Nature of present employment (i.e.ad-hoc or temporary or quasi-permanent or permanent)									

16	In case the present employment is held on deputation/contract basis, Please state :					
	a) the date of initial appoi	ntment				
	b) period of appointme deputation/contract					
	c) name of the parent office/org which you belong	ganization to				
	NOTE: In case of Officers already on de applicants of such officers forwarded by the parent cadre, along with Cadre Clearance and Integrity.	should be / department				
17	Additional details about present employment please state whether working under (Indicate the name of your Employer against the relevant column):					
	 a) Central Government b) State Government c) Autonomous Organization d) Government undertaking e) University 					
18	Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale.					
19	Total emoluments per month now drawn.					
	Basic Pay in the PB	Grade Pay		Total Emoluments		
20	Present Pay and date from which the Present pay is drawn					
21	In case the applicant belongs to an Organization which is not following the Central Government Pay Scales, the latest salary slip issued by the Organization showing the following details may be enclosed					
	Basic Pay with Scale of Pay and rate of increment	Dearness Pay/ Interim relief/ other allowances etc. (with break-up details)				
22	Additional information, if any which you mention in support of your suitability	for the post.				
	Enclose a separate sheet, if the space is ins					
23	Whether belongs to SC/ST/OBC (if yes, ple	ase specify)				

24	Contact Numbers & Email id:	
	i. Office	
	ii. Residence	
	iii. Mobile	
	iv. E-mail address	
25	If selected, specify the minimum required joining time	
		Candidate's Address:
Signa	ture of the Candidate:	
Date		
Coun	tersigned:	
		Office Address
	[Employer/ Authorized Officer]	

Check List

SI. No	<u>Particular</u>	Yes/ No
1	Whether application forwarded through proper channel	
2	Whether No Objection Certificate attached	
3	Whether attested copies of the up-to-date APARs for last 05 (Five) years attached?	
4	Whether Vigilance Clearance Certificate attached?	
5	Statement of Minor & Major penalties imposed (If any) attached?	

Name of the Applicant:

Signature of the Applicant:

NOTE: Applications without forwarding through proper channel, vigilance clearance and complete CR Dossiers will not be considered.

DECLARATION

I solemnly declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false OR incomplete/ incorrect OR ineligible being detected at any time before OR after selection / interview, my candidature is liable to be rejected and I shall be bound by the decision of the Director, AIIMS Mangalagiri.

candic	lature is li	able to be rejected and I shall be bound by the decision of the Director, AIIMS Mangalagiri.	
Place			
Date		(Signature of the Applicant)	
		CERTIFICATE BY THE EMPLOYER / CADRE CONTROLLING AUTHORITY	
The information/details provided in the above application are true and correct as per the available on records. This Institute/Department/Organization has No Objection to happlication being considered for the post of on deput basis for AIIMS, Mangalagiri He/she possesses educational qualification and experienced in the vacancy circular. If selected, he/ she will be relieved immediately. Also certified that:			
	i)	There is no vigilance or disciplinary case pending/contemplated against Shri/Smtin this Organization.	
	ii)	His/ Her integrity is beyond doubt.	
	iii)	His/ Her ACR Dossier in original is enclosed and photocopies of the ACRs for the last 5 years duly attested are enclosed	
	iv)	No disciplinary case is either pending and contemplated against the officer and no penalty, major or minor, was imposed on him/her during the last 10 years.	
	PLACE	;	
	DATE		
		SIGNATURE (with seal) : (Employer/Cadre Controlling Authority)	