ANNEXURE-I:

Application Form for the post of Tutors on Contract basis in AIIMS, Mangalagiri for a period of one year, may be extendable upto 3 years with Gross Emoluments of Rs. 90,000/- for medical candidates and Rs. 78,500/- for non-medical candidates

APPLICATION FORM

Affix Passport Size self attested color Photograph here

Personal Details (in Block Letters)

1. Full Name									

2. Father's /Husband's Name									

3. Address for Correspondence									

4. Permanent Address									

5. E-mail Id (In capital letters)										
6. Phone/Cell No.1										
Phone/Cell No.2										
Land Line No.										

7. Date of Birth (Please attach document for evidence)	**D**	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**	**8. Nationality**	
									9. Name of the State to which you belong	
10. Gender (Male / Female)										

11. Category(√)	**UR**	**OBC**	**SC**	**ST**

12. If Physically Challenged (OPH Category) Percentage Disability	

13. Details of Educational Qualifications			
Examination Passed	**University/Board/Institution/Council of examination**	**Month, Year of Passing**	**No. of Extra Attempts**
Secondary (10th)			
Senior Secondary(12th)			
MBBS			
Others (……)			
Others (……)			
Others (……)			

Details of work experience:

14. Name of the Organisation	Period of Service												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for leaving Services
	FROM						TO									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

15. Please bring originals and 03 sets of attested photocopies of related documents at the time of interview.
16. Details of Application Fee: NEFT UTR No._____Date_____Amount Rs._____.

DECLARATION

I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/ services are liable to be terminated without any notice.

I Dr…….. S/o/ D/o …….. do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice. I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post. . I_____agree to abide by the terms and conditions of contractual appointment.

I am not employed in any other Government Institution/ Autonomous body. OR I am employed with …… Government Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Signature of the Candidate

Place:

Date:

Annexure-II

All India Institute of Medical Sciences, Mangalagiri, (Andhra Pradesh)

Proforma/Check list for the Post of Tutors to be filled and submitted during Document verification

Name of the Candidate: _____

Father's Name: _____Mobile Number: +91 _____ Name of the Department_____Date of Birth: _____Age:_____Category of the candidate: _____

Qualifications

S.No	Course/ Qualification	Name of College/Institute(with year of Passing)	Total extra attempts	Total Marks	Marks obtained	Percentage of marks
1	MBBS					
2	MD/MS/DNB/Dip/ M.Sc					
3	Extra qualifications, if any					

Total Experience: _____ Years _____Months

Research Publications (in Nos.), if any: Indexed National Journal _____ Indexed International Journal _____

List of best 3 publications in the last 3 years, if any , in Vancouver style

Declaration

I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In case of any Information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of the candidate with date

(For office use only)

Documents to be Attached in serial order to submit during document verification (3 sets of Photocopies):

Sl.No	Documents	Yes/ No
1	Original Application Form filled by the candidate as per the Advertisement (Annexure 1)	Yes/No
2	Filled in Proforma/Checklist for the Tutors in the given format	Yes/No
3	Identity Proof (Preferably Aadhar Card)	Yes/No
4	Certificate showing Date of Birth. (10th Certificate/ Birth Certificate).	Yes/No
5	MBBS Marks sheets & Certificates.	Yes/No
6	MD/MS/DNB/DM/M.Ch. Marks sheets & Certificates	Yes/No
7	Attempt Certificate (For MBBS and Post Graduation)	Yes/No
8	FMGE Certificate conducted by NBE (For Foreign Graduate)	Yes/No
9	Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State	Yes/No
10	No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee	Yes/No
11	Experience Certificate.	Yes/No
12	Reservation category Certificate (OBC/SC/ST/PH)	Yes/No
13	Publications	Yes/No
14	Any other relevant documents.	Yes/No

Final Remarks:

_____

Verified by Name with Signature