Application for the post of

at AIIMS on deputation basis

1	Name and address in BLO	CK letters					Affix your Recent Coloured Passport
2	Date of birth (in Christian e					size photograph	
3	Date of retirement under C Government Rules				1		
4	Educational Qualification:						
5	Whether educational and other qualifications required for the post are satisfied (if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same). Qualifications / Experience						
		(rience	December	d booth a affirm
	Essential Desirable		Req	uired		Possessed	d by the officer
6	Please state clearly whether in the light of entries made by you above, you meet the requirements of the post.						
7	Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your signature if the space below is insufficient.						
	Office/Instt./Organization	Post Held	From	То	Pay-band and Grade Pay (Scale of Pay if in pre-revised scale of pay)		Nature of Duties
8	Nature of present employed or quasi-permanent or per		or tempor	ary			
9	In case the present employment is held on deputation/contract basis, Please state : (a) the date of initial appointment (b) period of appointment on deputation/contract (c) name of the parent office/organization to which you belong						

10	Additional details about present employment, please state whether working under: (a) Central Government (b) State Government (c) Autonomous Organization (d) Government undertaking (e) University	
11	Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the prerevised scale.	
12	Total emoluments per month now drawn.	
13	Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient.	
14	Whether belongs to SC/ST/OBC (if yes, please specify) :	
15.	Contact Nos. :- 1) Office 2) Residence 3) Mobile 4) e-mail address	

Date :	Signature of the candidate :
Countersigned :	Address :
(Employer/Authorized Officer)	