

अख़िल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश All India Institute of Medical Sciences, Rishikesh

<u>APPLICATION FORM FOR APPOINTMENT ON DEPUTATION BASIS IN</u> <u>AIIMS AWANTIPURA (J&K)</u>

	Application for the Post of					
Adv	vertisement Number:	_	To affix Passport Size Photo			
I.	Personal Data					
	Name in Full					
	Father's Name					
	Date of Birth (DD-MM-YYYY)					
	Age as on 14.10.2024	Years, Months, Days				
	Address for Correspondence					
	Contact Details : Mob/Cell No.					
	E-mail id					
	Date of Superannuation (DD-MM-YYYY)					
	Nationality					
	Do the candidate belongs to: General/SC/ST/OBC/EWS/PwD Category					
	Marital Status					

II. Educational Qualifications (beginning from the highest)

Exam/Degree	Board/ University/ Institute	Year

III. Details of Professional Experience:

Office/ Institute/ Organisation Name	Post held Scale of Pa / Basic Pay		Per	Nature of duties	
8		Pay Band with Grade Pay*	From (DD-MM- YYYY)	To (DD-MM- YYYY)	

^{*} Applicants not holding the posts in Pay Band / Grade Pay as per Central Government pay scale should indicate the equivalent pay scale vis-à-vis Central Government pay scales (with proof)

IV. Present Employment

Designation	Organization	Grade Pay (as per 7th CPC)	Nature of Work

Any other informa	tion relevant to	the candida	ate		
	after the intervie	w / selection	n / engagement,	my candid	ect or ineligibility bein lature may be treated a n fit and proper.
					Signature of Applicar
Place:					
_					
Date:					

Certification by the Employer / Cadre Controlling Authority

1.	The information / details provided in the above application by the applicant are true and correct as per the facts available on records. He/she possesses educational qualifications and experience mentioned in the vacancy circular. If selected, he/she will be relieved immediately.
2.	Also certified that : a. There is no vigilance or disciplinary case pending / contemplated against Shri / Smt.
	b. His / Her integrity is certified.
	c. His / Her CR Dossier in original is enclosed/photocopies of the ACRs for the last 5 years duly attested by an officer of the rank of Under Secretary of the Govt. of India or above are enclosed.
	d. No major/minor penalty has been imposed on him/her during the last 10 years OR a list of major/minor penalties imposed on him/her during the last 10 years is enclosed. (as the case may be).
	SS).
	Date:
	(Signature of Competent Authority) Head of the Department / Organization (with Seal)