

# ANNEXURE – I

|                                                                          |                                                                                                                                                                                                              |                         |                                                  |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|
| Application for the post of.....on deputation basis at AIIMS, Raebareli. |                                                                                                                                                                                                              |                         |                                                  |
| 1.                                                                       | Name and address<br>in BLOCK letters                                                                                                                                                                         | .....<br>.....<br>..... | Affix here recent<br>passport size<br>photograph |
| 2.                                                                       | Father's Name                                                                                                                                                                                                |                         |                                                  |
| 3.                                                                       | Date of Birth<br>(in Christian era)                                                                                                                                                                          |                         |                                                  |
| 4.                                                                       | Date of retirement under<br>Central/State Government<br>Rules                                                                                                                                                |                         |                                                  |
| 5.                                                                       | Educational<br>Qualification                                                                                                                                                                                 | i                       |                                                  |
|                                                                          |                                                                                                                                                                                                              | ii                      |                                                  |
|                                                                          |                                                                                                                                                                                                              | iii                     |                                                  |
|                                                                          |                                                                                                                                                                                                              | iv                      |                                                  |
| 6.                                                                       | 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). |                         |                                                  |
|                                                                          |                                                                                                                                                                                                              |                         |                                                  |
|                                                                          |                                                                                                                                                                                                              | Required                | Possessed by the Applicant                       |
|                                                                          | <b>Essential</b>                                                                                                                                                                                             |                         |                                                  |
|                                                                          |                                                                                                                                                                                                              |                         |                                                  |
|                                                                          |                                                                                                                                                                                                              |                         |                                                  |
|                                                                          |                                                                                                                                                                                                              |                         |                                                  |
|                                                                          | <b>Desirable</b>                                                                                                                                                                                             |                         |                                                  |

|     |                                                                                                                                                                                                                                         |           |    |                                                                         |                  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-------------------------------------------------------------------------|------------------|
| 7.  | Please state clearly whether in the light of entries made by you above, you meet the requirements of the post                                                                                                                           |           |    |                                                                         |                  |
| 8.  | Details of employment (in chronological order) enclose a separate sheet, duly authenticated by your signature if space below is insufficient.                                                                                           |           |    |                                                                         |                  |
|     | Office/Inst./Organization                                                                                                                                                                                                               | Post Held |    | Pay-band and Grade pay<br>(Scale of Pay if in pre-revised scale of pay) | Nature of Duties |
|     |                                                                                                                                                                                                                                         | From      | To |                                                                         |                  |
|     |                                                                                                                                                                                                                                         |           |    |                                                                         |                  |
|     |                                                                                                                                                                                                                                         |           |    |                                                                         |                  |
|     |                                                                                                                                                                                                                                         |           |    |                                                                         |                  |
|     |                                                                                                                                                                                                                                         |           |    |                                                                         |                  |
| 9.  | Nature of present employment (i.e. ad-hoc or temporary or quasi-permanent or permanent)                                                                                                                                                 |           |    |                                                                         |                  |
| 10. | 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 |           |    |                                                                         |                  |
| 11. | Additional details about present employment please state whether working under (a) Central Government (b) State Government (c) Autonomous Organization (d) Government undertaking (e) University                                        |           |    |                                                                         |                  |
| 12. | 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.                                                                                                      |           |    |                                                                         |                  |
| 13. | Total emoluments per month now drawn.                                                                                                                                                                                                   |           |    |                                                                         |                  |
| 14. | Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if space is Insufficient.                                                                         |           |    |                                                                         |                  |
| 15. | Whether belongs to SC/ST/OBC (if yes, please specify)                                                                                                                                                                                   |           |    |                                                                         |                  |

|                                                                                                                                      |                                                        |                   |                      |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|----------------------|
| 16.                                                                                                                                  | Contact Nos.                                           | 1) Office         |                      |
|                                                                                                                                      |                                                        | 2) Residence      |                      |
|                                                                                                                                      |                                                        | 3) Mobile         |                      |
|                                                                                                                                      |                                                        | 4) E-mail address |                      |
| 17.                                                                                                                                  | If selected, specify the minimum required joining time |                   |                      |
| <div style="text-align: center; height: 100px;"> <i>Signature of the Candidate</i> </div>                                            |                                                        |                   | Candidate's Address: |
|                                                                                                                                      |                                                        |                   |                      |
| Date:                                                                                                                                |                                                        |                   |                      |
| Countersigned:                                                                                                                       |                                                        |                   |                      |
| <div style="text-align: center; height: 100px;"> <hr style="width: 20%; margin: 0 auto;"/> <br/>[Employer/Authorized Officer] </div> |                                                        |                   |                      |

**ANNEXURE - II**

**CERTIFICATE TO BE RECORDED BY THE HEAD OF OFFICE/OFFICER NOT  
BELOW THE RANK OF UNDER SECRETARY IN GOI WHILE FORWARDING  
THE APPLICATION**

1. Certified that the particulars furnished by the applicant are true and have been verified from the service records.
2. The applicant, if selected, will be relieved immediately.
3. Attested copies of ACR/APAR for the last five years are enclosed.
4. The record of the service of the officials has been carefully scrutinized and it is certified that there is no doubt about his/her integrity.
5. It is certified that no major/minor penalty has been imposed or contemplated on him/her during the last 10 years.

Signature\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

Telephone No\_\_\_\_\_

Date:

Place:

Official Seal

Note: All terms and conditions deputation/Foreign Service will be followed as per DoP&T O.M. No. 6/8/2009-Estt. (Pay II) dated 17.06.2010 and its amendment issued time to time.