



**अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL**  
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)  
Saket Nagar, Bhopal (M.P) – 462020  
Website: [www.aiimsbhopal.edu.in](http://www.aiimsbhopal.edu.in)

**Application form for engagement of Assistant Professor in the department of  
..... on Contractual basis at AIIMS, Bhopal**

Advertisement No.

Affix passport  
size self-  
attested colour  
photograph

**1- Name in block letters:-**

**2- Father/Husband's Name in block letters:-**

**3- (a) Permanent Address:-**

State

Pin

**(b) Postal Address:-**

State

Pin

**4- Contact Details:-**

Phone No. with STD Code:

Mobile No.

E-Mail

**5- Date of Birth as per the certificate**

Age as on date of Interview

**6- Gender**

Tick the relevant

Male

☐

Female

☐

7- Candidate's Category (UR/SC/ST/OBC/EWS)

8- Category Applied for (UR/SC/ST/OBC/EWS)

Mention the Category (attach relevant Supporting document. In case of OBC & EWS, the certificate should be issued by the appropriate authority recently valid for appointment to the post reserved under Govt. of India)

9- Are You

(a) A citizen of India by birth or by domicile?

By Birth

By Domicile

10-Person with Benchmark Disability (PwBD)/

If yes, then mention the %

11-Educational Qualification:-

| Name of the Examination | Subject/ Discipline/ Speciality | University/ Institute/ College | Date of completion of course | Month & Year of Passing final examination | Marks Obtained | Duration of Course |
|-------------------------|---------------------------------|--------------------------------|------------------------------|-------------------------------------------|----------------|--------------------|
| M.B.B.S                 |                                 |                                |                              |                                           |                |                    |
| M.D/<br>M.S/<br>M.Sc.   |                                 |                                |                              |                                           |                |                    |
| D.M/<br>M.Ch/<br>Ph.D   |                                 |                                |                              |                                           |                |                    |

(Please tick the relevant Degrees)

12- Post PG Experience:

| Name of the Organization | Date of Joining | Date of leaving | Name of the post | Whether on Adhoc/ Contract/ Regular/ Outsourced | Nature of Work (Teaching /Research or Patient Care) | Pay Band and present basic pay/Level |
|--------------------------|-----------------|-----------------|------------------|-------------------------------------------------|-----------------------------------------------------|--------------------------------------|
|                          |                 |                 |                  |                                                 |                                                     |                                      |
|                          |                 |                 |                  |                                                 |                                                     |                                      |
|                          |                 |                 |                  |                                                 |                                                     |                                      |
|                          |                 |                 |                  |                                                 |                                                     |                                      |

**13- Experience of Research Work and available published material, if any, mention the details and enclosed reprint thereof :-**

|  |
|--|
|  |
|--|

**14- Publication and Research Work (numbers only):-**

|                                                                                | Published | Under Publication | 1 <sup>st</sup> Author/<br>Communication<br>Author |
|--------------------------------------------------------------------------------|-----------|-------------------|----------------------------------------------------|
| <b>1- Research Paper</b><br>(a) Indexed Journals<br>(b) Non- Indexed Journals  |           |                   |                                                    |
| <b>2- Books</b><br>(a) Text Books<br>(b) Edited Books<br>(c) Educational Books |           |                   |                                                    |
| <b>3- Chapter in Books</b>                                                     |           |                   |                                                    |
| <b>4- Abstracts</b><br>(a) Indexed Journals<br>(b) Non- Indexed Journals       |           |                   |                                                    |

List of Publications in support of the aforesaid figures should be enclosed.

**15- Projects as Chief Investigator:**

| Source of Funding | Year | Total Amount |
|-------------------|------|--------------|
|                   |      |              |
|                   |      |              |

**16 - Award, Fellowship and Membership of Professional Bodies:**

|  |
|--|
|  |
|--|

**17 - Membership of Editorial Boards of Indexed International Journals/ Review Committees at National Bodies and Institutions:**

|  |
|--|
|  |
|--|

**18 - Service: [Contributions made towards the Development of New Unit/ Specialty/ laboratory / Facility/ Programs/ Therapeutic or Diagnostic or Diagnostic Procedure Developed or Patens taken (enclosed evidence)]:-**

|  |
|--|
|  |
|--|

**19- Contributions in Community & National Programmes:**

|  |
|--|
|  |
|--|

**20- Describe your most notable contribution in teaching and research in 200 words:-**

|  |
|--|
|  |
|--|

**21- In your understandings, top 10 priority required areas for the Institute.- [Please add sheets, if required]**

|  |
|--|
|  |
|--|

D.D. No. \_\_\_\_\_ Amount (in Rs.) \_\_\_\_\_ Dated \_\_\_\_\_

Bank Name \_\_\_\_\_

22- Attach self-attested photocopies of the following certificates/documents in the order as mentioned below.

- 1- Certificate in respect of date of birth.
- 2- Degree certificates of the Qualification as mentioned in Sl. No. 11 of this application form.
- 3- Experience Certificate as mentioned in Sl. No. 12 of this application form.

### **UNDERTAKING**

**I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.**

Place:

Signature of the Candidate

Date:

Name of Candidate in block letters)

\*\*\*\*\*