ANNEXURE-3

Application for the post of .....in the Department of .....on deputation basis at AIIMS, Gorakhpu

1.	Name and address in BLOCK letters	....	Affix here recent passport size photograph
2.	Father's Name		
3.	Date of Birth (in Christian era)		
4.	Date of retirement under Central/State Government Rules		
5.	Educational 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
	Essential		
	Desirable		
7.	Please state clearly whether in the light of entries made by you above, you meet the requirements of the post		

8. Details of employments **(in chronological order)** enclose a separate sheet, duly authenticated by your signature if the space below is insufficient.

S. No	Name of the Office/Institute/Organization)	Post Held	Duration of Experience		Total Duration of Experience Year(s), Month(s), day(s)	Pay-band and Grade pay (Scale of Pay if in pre-revised scale of pay)	Nature of Duties
			From	To			
1.							
2.							
3.							
4.							
5.							
	Total work experience in required Grade Pay:	……………………………**Year(s)**……………………………… **Month(s)** ……………………… **Day(s)**					

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 the 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		
Signature of the Candidate			Candidate's Address:
Date:			
Countersigned:			
_____ [Employer/Authorized Officer]			