Raebareli (UP) positively. The document verification will be done on **10.11.2025** from 09:30 A.M onwards in **AIIMS, Raebareli (UP)** followed by interview of eligible candidate from 02:00 P.M onwards on the same day i.e., **10.11.2025.**

Sd/-
EXECUTIVE DIRECTOR

Annexure 'A'

अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली

All India Institute of Medical Sciences, Raebareli

(An Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)

Munshiganj, Raebareli - 229405, Uttar Pradesh, India

www.aiimsrbl.edu.in

PASTE HERE SELF ATTESTED LATEST PHOTOGRAPH

NOTE:
I. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

Post applied for: _____

(For All India Institute of Medical Sciences, Rae Bareli, Uttar Pradesh)

1. (a) Full Name (BLOCK LETTERS):

(Surname) (First Name) (Second Name)

(b) Sex: Male/Female (c) Marital Status: Married/Unmarried

2. Father's/Husband's Name: _____

3. (a) Mailing Address: _____

_____

Email. _____

Tel. No._____PIN: _____

Fax. No._____Mobile No._____

(b) Permanent Address_____

_____

Email. _____

Tel. No._____PIN:_____

Fax. No._____Mobile No._____

4. (a) Date of Birth: ( ) ( ) ( )
---------- ---------- ---------
(Date) (Month) (Year)

(b) Age: ( ) ( ) ( )
---------- ---------- ----------
(Yrs.) (Months) (Days)

(c) Sex: (Male/Female)

5. Whether belongs to: Gen. | S.C. | S.T. | O.B.C. | P.H.

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed by the Govt. of India)

6. State of Domicile: _____

7. Nationality:_____Religion :_____

8. (a) Registration No. with the Medical Council: _____

(b) State in which registered: _____

9. Educational Qualifications:
(Please attach attested copies of certificates/degrees in support of your qualifications)

a) **Undergraduate Career**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
Matric/S.S.C.				
Intermediate/ HSC				
B.Sc.				
M.B.B.S./B.D.S.				
1st Profl.				
2nd Profl.				
3rd Profl.				
Final Profl.				

b) **Postgraduate Career**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
M.D./M.S./M.D.S.				
D.M./M.Ch.				
D.N.B.				
M.Sc.				
Ph.D.				

1. Teaching/ Research Experience:
(Please attach attested copies of experience certificates)

a) Before obtaining Postgraduate Qualification:

Post held (Indicate Temporary/ Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Yrs.	Months	days		

(b) After obtaining Postgraduate Qualification:

Post held (Indicate temporary/ permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Yrs.	Months	days		

2. Details of Prizes, Medals, Scholarships & National/ International Awards etc.

3. Additional qualification such as membership of scientific society etc.

4. Research experience,

Published		Accepted for publication	Presented at conference
Indexed	Non		

if any, together
with details of
published
works in indexed journals.

5. Chapter in books/books edited :_____

6. (a) Present employment/ post held if any :_____

(b) Pay Scale :_____

(c) Total emoluments drawn :_____

(d) Address of present employer :_____

:_____

7. If selected, what notice would you require
before joining :_____

8. Have you been outside India for Academic
Purpose? If so, give following information :_____

Country visited	Dates of visit		Duration of visit			Purpose of visit
	From	To	Yrs.	Months.	days	

9. Self-evaluation of your work, particularly its strengths in different fields of activity including patient- care, teaching research and administrative, related to the job, which, in your view, entitles you to the post applied for may be given in **Annexure- I.**

10. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II.**

Date:

Place: Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____at AIIMS, Rae Bareli.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis- statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:

Place: Signature of the candidate

***DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY**

I_____son/daughter/wife of_____

resident of Village/Town/City/District _____

State_____ Community_____(certificate enclosed) hereby declare that I belong to the_____ community which is recognized as a backward class by the Govt. of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT) dated 8.9.1993. It is also declared that I do not belong to the persons/sections (creamy layer) mentioned in Column 3 of OM No. 36012/22/93-Estt(SCT) dated 08.09.1993 and modified vide Govt. of India, Department of Personnel and Training OM No.36033/3/2004-Estt(Res) dated 09.03.2004.

Place: (Signature of applicant)
Date:

***Note:** The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

ANNEXURE-I

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAEBARELI, UTTAR PRADESH

Post applied for _____Department _____

SELF EVALUATION

(Require under Column 18 of the application)

Date: Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 19 of the application)

S.No.	Particulars of enclosures	Marked page(s)
1.	Birth certificate	
2.	Matriculation certificate	
3.	MBBS/B.D.S./M.Sc. certificate	
4.	M.D./M.S./M.D.S. certificate	
5.	D.N.B./D.M./M.Ch./Ph.D. certificate	
6.	Experience certificate(s)	
7.	Community certificate (SC, ST, OBC, PH)	
8.	Registration with Medical Council Certificate	
9.	Any other relevant certificate(s)	