अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

 **ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR**

Address: Plot no.2, Sector-20, MIHAN, Nagpur– 441108

 Website: [www.aiimsnagpur.edu.in](http://www.aiimsnagpur.edu.in)

**No. AIIMS/NGP/Faculty/Admin I/2021/02**

|  |  |  |
| --- | --- | --- |
| **Transaction reference no.**  | **Date** | **Amount** |
|  |  |  |

**NOTE:**

|  |  |
| --- | --- |
| 1. | TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY ‘TYPED’, SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS. |
|  |  |
| 2. | **BRIEF OF CANDIDATE TO BE SUBMITTED AS PER ANNEXURE – I** |

|  |
| --- |
| PASTE HERE LATESTSELF ATTESTED PHOTOGRAPH |

|  |  |
| --- | --- |
| **Application for the Post of** |  |
| **Discipline** |  |

1. **CANDIDATE DETAILS**

|  |  |  |
| --- | --- | --- |
| 1 | Full Name (BLOCK LETTERS as given in the Birth certificate) |  |
| 2 | Father’s Name |  |
| 3 | Mailing Address |  |
| 4 | Mobile No |  |
| 5 | Telephone No. |  |
| 6 | Email address |  |
| 7 | Aadhar No |  |
| 8 | Permanent Address |  |
| 9 | Date of Birth (DD/MM/YYYY) |  |
| 10 | Age (as on 04.01.2022) | Years | Months | Days |
|  |  |  |
| 11 | Gender |  |
| 12 | Marital Status |  |
| 13 | Whether Orthopedic Physically Handicapped (OPH) (Yes/No)Attach attested copy of certificate on the proforma |  |
| 14 | Percentage of disability |  |
| 15 | Category under which applied(UR/SC/ST/OBC/EWS) |  |
| 16 | State of Domicile |  |
| 17 | Nationality |  |
| 18 | Religion |  |

1. **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** | **Medical Council Registration No.** |
| Matric/S.S.C. |  |  |  |  |  |
| Intermediate/HSC |  |  |  |  |  |
| B.Sc |  |  |  |  |  |
| M.B.B.S |  |  |  |  |  |

**(b) Postgraduate Career**:

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

\* Must indicate No. of years of the course (2yrs/3yrs/5yrs) and name of the Institute with full address.

1. **TEACHING/RESEARCH EXPERIENCE:**

 (Please attach attested copies of experience Certificates)

 **a) Before obtaining Super Specialty/Ph.D. Qualification:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Post held****(indicate****Temporary/****Permanent)** | **Period** | **Total period** | **Pay Scale** | **Employer’s Address** |
| **From** | **To** | **Yrs.** | **Mths.** | **Days** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |

**(b) After obtaining Postgraduate/Super Specialty/Ph.D. Qualification including present employment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Post held****(indicate****Temporary/****Permanent)** | **Period** | **Total period** | **Pay Scale** | **Employer’s Address** |
| **From** | **To** | **Yrs.** | **Mths.** | **Days** |
| 1. |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |

1. **ACHIEVEMENTS:**

|  |  |  |
| --- | --- | --- |
| 1 | Details of Prizes, Medals, Scholarships & National / International Awards etc. |  |
| 2 | Additional qualification such as Membership of Scientific Society etc. |  |
| 3 | Research Experience, if any, together with details of published works in indexed journals. |  |
| 4 | Details of Research projects with extramural funding |  |
| 5 | No. of Papers presented at National conference |  |
| 6 | No. of Papers presented at International conference |  |
| 7 | No. of Papers published (Original articles/Review articles) |  |
| 7a | Indexed |  |
| 7b | Non-Indexed |  |
| 8 | No. of Papers accepted for publication (Original articles/Review articles) |  |
| 9 | No. of Chapter in books/books edited |  |
| 10 | Are you willing to accept the consolidated pay offered?  |  |
| 11 | If Selected, what notice period would you require before joining |  |
| 12 | Have you been outside India for Academic Purpose? If so, give following information: |  |

13 a) Please provide a list of all your scientific publications in chronological order providing details of articles including whether Original article/review/case report, indexed / non-indexed, impact factor and number of citations for the articles:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Particulars of Article (In Vancouver format)** | **Type**  | **Indexed in** | **Impact Factor of the Journal** | **Citations** |
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13b) Please provide a list of all your chapters in books/ books edited in chronological order:

|  |  |
| --- | --- |
| **Sl. No.** | **Particulars of Chapter/ Book (in Vancouver format)** |
|  |  |
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14. State the foreign languages you know:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Foreign Language** | **Can read** | **Can write** | **Can speak** |
| (i) |  |  |  |  |
| (ii) |  |  |  |  |
| (iii) |  |  |  |  |

15. Give below the full details of the names/particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post.

**Note:**

1. **You should have worked with one of the referees for at least two years.**
2. **They must not be related to you**

|  |  |  |
| --- | --- | --- |
|  **NAME**  | **STATUS**  | **ADDRESS** |
|  |  |  |
|  |  |  |
|  |  |  |

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

Date: Signature of the candidate

Place:

**NOTE:**

**1. INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT DEMAND DRAFT OF THE REQUIRED AMOUNT WILL NOT BE CONSIDERED.**

2. **SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENT REFERRED AT POINT NO.2 OF GENERAL CONDITIONS PUBLISHED IN WEBSITE ADVERTISEMENT.**

**DECLARATION BY THE CANDIDATE**

(Post applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discipline at AIIMS, Nagpur).

 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 on regular basis.

Date: Signature of the candidate

Place:

**Annexure- III**

**LIST OF ENCLOSURES**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Particulars of enclosures** | **Attached (Yes/No)** |
| 1. | Birth Certificate |  |
| 2. | Matriculation Certificate |  |
| 3. | Marksheets of MBBS/M.Sc for all years |  |
| 4. | MBBS Degree Certificate |  |
| 5. | M.D/M.S./DNB/M.Sc Degree Certificate |  |
| 6. | D.M./M Ch. Degree Certificate |  |
| 7. | Experience Certificate(s) |  |
| 8. | Community Certificate (SC,ST / OBC (Non-Creamy Layer) |  |
| 9 | Income and Asset certificate in case of EWS candidates |  |
| 10 | Registration & Additional Registration with Medical Council Certificate |  |
| 11. | Disability Certificate |  |
| 12. | Any other relevant certificate(s) |  |

**Candidates already employed in Central/State Govt./Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt. should get the following endorsement signed by their present employer (appointing authority).**

**NO OBJECTION CERTIFICATE**

1. Certified that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_holds a post of \_\_\_\_\_\_\_\_\_\_for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_ till date on regular basis in \_\_\_\_\_\_\_\_\_\_\_\_\_ Department. **I have no objection to his/her application being considered for the post of \_\_\_\_\_\_\_\_\_\_\_\_ in the department of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in AIIMS, Nagpur. In the event of his / her selection to the post, he / she will be relieved from the duty to take up the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in AIIMS, Nagpur.**

 2. Certified that he/she submitted his/her application to the Department /Office/ Institution/Organization on \_\_\_\_\_\_\_\_\_\_ for onward transmission to AIIMS, Nagpur - 440003.

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Seal with Name & Designation)

Office Stamp

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

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 Column3 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: *(In running handwriting)*

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES**

**APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri / Smt. / Kum\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_son / daughter of shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of village /town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_statebelongs to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_community which is recognised as a backward class under :-

**(1)** Resolution No.12011/68/93-BCC© dated 10th September 1993, published in the Gazette of India - Extraordinary -part 1, Section 1, No.186 dated 13th September 1993.

**(2)** Resolution No.12011/9/94-BCC dated 19th October 1994, published in the Gazette of India - Extraordinary – part1, Section 1, No.163, dated 20th October 1994.

**(3)** Resolution No.12011/7/95-BCC, dated 24th May, 1995, published in Gazette of India - Extraordinary - part 1,Section 1, No.88, dated 25th May 1995.

**(4)** Resolution No.12011/44/96-BCC, dated 6th December 1996, published in Gazette of India - Extraordinary - part 1,Section 1, No.210, dated 11th December 1996.

**(5)** Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.129, dated the 8th July 1997.

**(6)** Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.164, dated the 1st Sept 1997.

**(7)** Resolution No.12011/99/94-BCC, published in Gazette of India - Extraordinary - No.236, dated the 11th Dec 1997.

**(8)** Resolution No.12011/13/97-BCC, published in Gazette of India - Extraordinary - No.239, dated the 3rd Dec 1997.

**(9)** Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.166, dated the 3rd Aug 1998.

**(10)** Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.171, dated the 6th Aug 1998.

**(11)** Resolution No.12011/68/98-BCC, published in Gazette of India - Extraordinary - No.241, dated the 27th Oct 1999.

**(12)** Resolution No.12011/88/98-BCC, published in Gazette of India - Extraordinary - No.270, dated the 6th Dec 1999.

**(13)** Resolution No.12011/36/99-BCC, published in Gazette of India - Extraordinary - No.71, dated the 4th April 2000.

Shri/Smt./Kum\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and/or his/her family ordinarily reside(s) in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District of the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State. This is also to certify that he/she does not belong to the persons/sections (**Creamy Layer**) mentioned in column 3 (of the Schedule to the Government of India, Department of Personnel & Training OM NO.36012/22/93 – Estt (SCT), dated 08.09.1993) and modified vide Government of India, Department of Personnel and training O.M No.36033/3/2004-Estt.(Res) dated 09.03.2004.

Place :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **District Magistrate/Dy. Commissioner etc.**

\*Strike out whichever is not applicable (With seal of office)

**NB:** (a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation

of People’s Act., 1950.

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- **The Authorities competent to issue OBC caste certificates are indicated below :-**

**(i)** District Magistrate / Additional Magistrate / Collector / Deputy Commissioner /Additional Deputy

Commissioner / Deputy Collector / 1st class Stipendiary Magistrate / Sub - Divisional Magistrate / TalukMagistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st classStipendiary Magistrate).

**(ii)** Chief Presidency Magistrate / Additional Chief Presidency Magistrate/ Presidency Magistrate.

**(iii)** Revenue Officer not below the rank of Tahasildar, and

**(iv)** Sub-Divisional Officer of the area where the Candidate and or his family resides.

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