

# अखिल भारतीय आयुर्विज्ञान संस्थान,नागपुर

## ALL INDIA INSTITUTE OFMEDICAL SCIENCES, NAGPUR



Address: Plot no.2, Sector-20, MIHAN, Nagpur- 441108 Website: <a href="https://www.aiimsnagpur.edu.in">www.aiimsnagpur.edu.in</a>

No. AIIMS/NGP/Faculty/Admin-I/2023/02

,	Transaction reference no.	,	Date	Amount	t	
NO 1.	TO AVOID ANY MISINTERPRETATION APPLICATION MUST 'TYPED', SUPPORTE COPIES OF TESTIMON  BRIEF OF CANDIDAT	OF FA Γ BE D WITH IALS. Γ <b>E TO BE</b>	ACTS, THI SENT DUL' I ATTESTEI	E Y O		PASTE HERE <u>LATEST</u> <u>SELF ATTESTED</u> PHOTOGRAPH
	AS PER ANNEXURE –	<u>1</u>				
	<b>Application for the Po</b>	ost of				
	Discipline					
	Type of Application Direct Recruitment/ Contractual (Retired Faculty)	Basis				
<u></u>	I. CANDIDATE DE	TAILS				
	1 E IIN (DI OCIVI	ETTER	<u> </u>			
	Full Name (BLOCK I as given in the Birth co					
_	2 Father's Name	crifficate)				
	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 06.03.202	3)	Years	Months	Days	

11	Gender	
12	Marital Status	
13	Whether Person With	
	Disability (PwD) (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	

### II. <u>EDUCATIONAL QUALIFICATIONS</u>:

(Please attach attested copies of certificates/degrees in support of your qualifications)

### (a) <u>Undergraduate Career</u>

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:

<b>Examination Passed</b>	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.				

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

#### III. <u>TEACHING/RESEARCH EXPERIENCE:</u>

(Please attach attested copies of experience Certificates)

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

Sl.	Post held (indicate	Per	riod	7	Total perio	od	Pay	Employer's
No.	Temporary/ Permanent)	From	То	Years	Months	Days	Scale	Address
1								
2								
			Total					

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

CLNI	Post held (indicate	Per	iod	To	otal peri	iod	<b>.</b> .	Employer's
Sl.No. (indicate Temporary/ Permanent)		From	To	Yrs.	Mths.	Days	Pay Scale	Employer's Address
1.								
2.								
			Total					

#### IV. <u>ACHIEVEMENTS:</u>

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	
4	indexed journals.  Details of Research projects with	
4	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	
0	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:

SI. No.	Particulars of Article (In Vancouver format)	Туре	Indexed in	Impact Factor of the Journal	Citations

13 b) Please provide a list of all your chapters in books/ books edited in chronological order:

SI. No.	Particulars of Chapter/ Book (in Vancouver format)

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.

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- i. You should have worked with one of the referees for at least two years.
- ii. They must not be related to you

NAME	STATUS	ADDRESS

I attach attested copies of certificates/degrees in support of age, category, qualification and experienceetc. 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 Discip	oline
atAIIMS, 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 in	nformation. 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	ent in such an
event, my services are liable to be terminated without any notice to me or reason	s thereof I am
not aware of any circumstance which might impair my fitness for employment	nent under the
Governmenton regular basis.	
Date: Signa	ture of the candidate
Place:	

#### 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.	MBBSDegree 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 offor the period from
	till date on regu	lar basis in Department. I have no
	objection to his/her application l	being considered for the post of in the
	department of	inAIIMS,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	d 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

resident of		nter Snri _	son/aau				I
State	t	District	ity/	Ci	Town/		Village/
eclare that I belong	ed) hereby dec	icate enclos	(cert		nmunity	Con	
class by the Govt.	as a backward	recognized a	which i	_ community			tothe
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d vide Govt. of	and modified	08.09.1993	dated	3-Estt(SCT)	36012/22/93	No.	of OM
dated 09.03.2004.	004-Estt(Res)	No.36033/3/20	ing OM	nel and Train	ent of Personn	oartme	India,Dep
Place:							
ature of applicant)	(Signa						
unning handwriting)	Date: (In run						

## FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA

										son / daughter
ofshri						of	village	/t	own	in communitywhich
							sta	atebelongs	to	communitywhich
is rec	ognis	sed a	s a back	ward cl	ass und	er :-				
							ptember 1993, pu	ıblished in th	ne Gazette of	f India - Extraordinary -part 1,
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										ed the 3rd Dec 1997.
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(13) R	esolu	ition 1	No.12011	1/36/99-	BCC, pu	ıblished in Ga	zette of India - E	xtraordinary -	- No.71, date	d the 4th April 2000.
G1 ./6		( <b>*</b> *	.1.				1.1	4 . /4		
Shri/S	smt./	Kum	*				and/or	his/her	family	ordinarily reside(s)
inthe_					_Distric	ct of the			State.	This is also to certifythat
										nn 3 (of the Schedule to the
										SCT), dated 08.09.1993) and
			Govern	ment of	India,	Department	of Personnel a	and training	O.M No.36	033/3/2004-Estt.(Res) dated
09.03	.200	4.								
Place	:				-	<b>~</b> :				
ъ.						Sign	ature			
Dated							District M	agistrate/D	y. Commis	sioner etc.
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					ised her	e will have i	the same meani	ng as in sect	tion 20 of th	ne Representation
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							ef Presidency M	agistrate/Pr	residency M	lagistrate.
(iii) R	lever	nue C	fficer n	ot belov	w the ra	nk of Tahas	ildar, and			

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

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## INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No	Date:
	VALID FOR THE YEAR
lakh (Rupees Eight Lakh of possess any of the following I. 5 acres of agricultura II. Residential flat of 10 III. Residential plot of 10	al land and above;
Shri/Smt./Kumarirecognized as a Scheduled	belongs to the caste which is not Caste, Scheduled Tribe and Other Backward Classes (Central List)
	Signature with seal of Office
	Name Designation
Recent Passport size attested photograph of the applicant	

<sup>\*</sup>Note1:. Income covered all sources i.e. salary, agriculture, business, profession, etc.

<sup>\*\*</sup>Note 2:The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

<sup>\*\*\*</sup>Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.