



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

प्लॉटनंबर - 2, सेक्टर - 20, मिहान, नागपुर - 441124

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Plot No - 2, Sector - 20, MIHAN, Nagpur- 441124

Website: <https://aiimsnagpur.edu.in>

Application for the post of on
deputation basis at AIIMS Nagpur

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)			
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 for the post				
8.	Details of employment (in chronological order) enclose a separate sheet, duly authenticated by your signature if space below is insufficient.				
	Office/Inst./ Organization	Post Held		Pay-band and Grade pay (Scale of Pay if in prerevised scale of pay)	Nature of Duties
		From	To		
9.	Nature of present employment (i.e. adhoc 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 prerevised 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 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		
<i>Signature of the Candidate</i>			Candidate's Address:
Date:			
Countersigned:			
[Employer/Authorized Officer]			