



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

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

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

No. AIIMS/NGP/Faculty/Admin-I/2026/01

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
LATEST
SELF ATTESTED
PHOTOGRAPH

Application for the Post of	
Discipline	
Type of Application (Direct Recruitment/ Contractual Basis Retired Faculty)	

I. **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 08.06.2026)	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	Candidate's own category	
16	Category under which applied (UR/SC/ST/OBC/EWS)	
17	Present designation and place of employment	
18	Whether currently employed in Central/State Govt./Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt.? (Yes/No)	
19	State of Domicile	
20	Nationality	
21	Religion	

II. 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	NMC/MCI/DCI Registration No. (Valid unto date)
Matric/S.S.C.					
Intermediate/ HSC					
B.Sc					
M.B.B.S/B.D.S.					

(b) Postgraduate Career:

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution	NMC/MCI/DCI Registration (Y/N/NA)
M.D./M.S./M.D.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.

III. TEACHING EXPERIENCE:

(Please attach attested copies of experience Certificates)

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						

IV. 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	No. of Research projects with	

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

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

14

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/Not applicable)
1.	Birth Certificate (or Proof of Date of Birth)	
2.	Matriculation Certificate	
3.	HSC Marksheet	
4.	Marksheets of MBBS/M.Sc/BDS for all years	
5.	MBBS/BDS Degree Certificate	
6.	M.D/M.S./DNB/M.Sc/MDS Degree Certificate	
7.	D.M./M Ch./Ph.D Degree Certificate	
8.	Experience Certificate(s)	
9.	No Objection Certificate (NOC)	
10.	Community Certificate (SC,ST / OBC (Non-Creamy Layer/ EWS)	
11.	Income and Asset certificate in case of EWS candidates	
12.	Registration & Additional Registration with Medical Council Certificate	
13.	Disability Certificate	
14.	Any other relevant certificate(s)	

***The certificates should be enclosed in the specific order as mentioned above 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. **This institute has 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 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: *(In running handwriting)*

OBC-NCL Certificate Format

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES (NCL)* APPLYING FOR ADMISSION TO CENTRAL
EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF
INDIA**

This is to certify that Shri/Smt./Kum** _____ Son/
Daughter** of Shri/Smt.** _____ of Village/
Town** _____ District/Division** _____ in
the State/Union Territory _____ belongs to the
_____ community that is recognized as a backward class under
Government of India***, Ministry of Social Justice and Empowerment's Resolution No.
_____ dated _____****

Shri/Smt./Kum. _____ and/or _____
his/her family ordinarily reside(s) in the _____ District/Division
of the _____ State/Union Territory. 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 O.M. No.
36012/22/93- Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004
Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated
14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and
again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /
Deputy Commissioner /
Any other Competent Authority

Dated:

Seal

* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.
** Please delete the word(s) which are not applicable.
*** As listed in the Annexure (for FORM-OBC-NCL)
**** The authority issuing the certificate needs to mention the details of Resolution of
Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar' and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides
 - (v) Certificate issued by any other authority will be rejected

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size
attested photograph of
the applicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**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

***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.

G. Shivaram