



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/2023/06

Transaction reference no.	Date	Amount

NOTE:

- TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED', SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.
- 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 07.08.2023)	<table border="1"><tr><th>Years</th><th>Months</th><th>Days</th></tr><tr><td></td><td></td><td></td></tr></table>	Years	Months	Days			
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	Present designation and place of employment	
17	Whether currently employed in Central/State Govt./Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt.? (Yes/No)	
18	State of Domicile	
19	Nationality	
20	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	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	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/RESEARCH 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.	

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.	Marksheets of MBBS/M.Sc for all years	
4.	MBBS/BDS Degree Certificate	
5.	M.D/M.S./DNB/M.Sc/MDS Degree Certificate	
6.	D.M./M Ch./Ph.D Degree Certificate	
7.	Experience Certificate(s)	
8.	No Objection Certificate (NOC)	
9	Community Certificate (SC,ST / OBC (Non-Creamy Layer)	
10	Income and Asset certificate in case of EWS candidates	
11.	Registration & Additional Registration with Medical Council Certificate	
12.	Disability Certificate	
13.	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)*

**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 _____ state belongs 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.

- 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 / Taluk Magistrate
/ Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st class Stipendiary 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.

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*** :

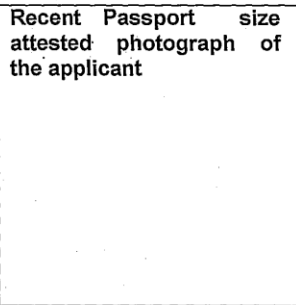
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

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 _____



*Note1: 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. Srinivasan