



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(An Institution of National Importance under Ministry of Health & Family Welfare)

भारत सरकार/ Government of India

Application for the Post of _____ in the

Department of _____ at AIIMS, Deoghar

APPLICATION PROFORMA

Fee Details:	NEFT/IMPS/UTR No. _____ Bank name _____
	Date _____ Amount _____

Affix Recent
Passport
Size Photograph
duly Self attested

1.	Name (in BLOCK letters in English as written in Class 10 Certificate)	
2.	Name in Devnagari	
3.	Father's/Husband's Name	
4.	Mother's Name	
5.	Date of Birth (in <i>Christian</i> era)	
6.	Age : (as on last date of Online application)	
(Please attach attested copy of relevant certificate)		
7.	Marital Status (Married/Unmarried) If any dispute candidates should declare	
8.	Permanent Address	
9.	Address for correspondence	
10.	Mobile No./ Tele. No.	

11.	Citizenship (By Birth/Descent)	
12.	E-mail ID	
13.	Gender (Male/Female)	
14.	Category (UR/SC/ST/OBC/OPH)	
(Please tick (√) the appropriate category and attach attested copy of relevant certificate if seeking Reservation)		
15.	State of Domicile	
16.	Religion	

17.	Educational Qualification*					
	Exam Passed	Name of Institute	Year of Passing	No. of Attempts	Grade/Marks Percentage	Class/ Division
a)	10 th Matric/S. S.C					
b)	12 th Intermediate / HSC					

*Attach separate sheet if required along with attested copies of relevant documents.

18.	Professional Qualification						
	Professional Education	Year of Final Exam	Name of Institute	Name of University	Medals/ awards if any	Total percentage obtained/ Pass	No of Attempts*
1.	MBBS						
2.	MD/MS						
3.	DNB						
4.	DM/MCh*						
5.	PhD						
6.	Post Doctoral Fellow (PDF)						

* Attempt certificate to be submitted. Attach attested copies of relevant documents.

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

19. Teaching/Research Experience: (Please attach attested copies of experience Certificates) (a) Before obtaining Postgraduate/ Super Specialty/Ph.D. Qualification:

Sl. No.	Post held (Temporary/ Permanent)	Period from	Period to	Total Period (In Years, Months and Days)	Pay Scale	Employer's Address
1.						
2.						
3.						
4.						
5.						
Total:						

20. Teaching/Research Experience: (Please attach attested copies of experience Certificates) (b) After obtaining Postgraduate/ Super Specialty/Ph.D. Qualification:

Sl. No.	Post held (Temporary/ Permanent)	Period from	Period to	Total Period (In Years, Months and Days)	Pay Scale	Employer's Address
1.						
2.						
3.						
4.						
5.						
Total:						

21.Details of Prizes, Medals, Scholarships & National/ International Awards etc.

Sl. No.	Prizes	Medals	Scholarships	National/ International Awards
1.				
2.				
3.				
4.				
5.				

22. Additional qualification such as Membership of Scientific Society etc.

Sl. No.	Membership of Scientific Societies of Professional Bodies	Membership No. with Date
1.		
2.		
3.		
4.		
5.		

23.Research Experience: (a) h-Index:_____ (b) Total Citations:_____

Research Experience, if any, together with details of published works in indexed journals.					
Published in Non Indexed Journals		Published in Indexed Journals		Accepted for publication	Presented at conference
National	International	National	International		

(i) 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: **(Best 10 Publications)**

Sl. No.	Particulars of Article	Original Article/Review/Case Reports	ISSN No:	Impact Factor	Citations
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

(ii) Chapter in books/books edited:

Sl. No.	Particulars of the Books authored	Citations	ISBN No.
1.			
2.			
3.			
4.			
5.			

(iii) Workshops/ Short Term Trainings/ Seminars/ Observerships/CMEs/ Symposiums Attended:

Sl. No.	Workshops	Short Term Trainings	Seminars	CMEs	Observerships	Symposiums
1.						
2.						
3.						
4.						
5.						

(iv) Any Patents:

Sl. No.	Name of Patent	Registration of Patents
1.		
2.		
3.		

(v) Extramural/Intramural Projects:

Sl. No.	PI/Co-PI	Extramural Projects	Intramural Projects	Funding Agency
1.				
2.				
3.				

(v)Memberships In Editorial And Reviewer Board Of Indexed National And International Journals:

Sl. No.	Membership in Editorial Board	Membership in Review Board	Name of Indexed Journal
1.			
2.			
3.			
4.			
5.			

24.Present Employment Status-

Present post held	Pay Scale	Total emoluments drawn	Complete Address of present Employer.
If Selected, what notice period would you require before joining			

25.Have you been outside India for Academic Purpose? If so, give following information (Invitation in International Conferences as Speaker or Delegate)

Country visited	Dates of Visit		Duration of Visit	Purpose of visit
	From	To		

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

Sl. No.	Name	Status	Address	Contact Details
1.				
2.				
3.				

Note:

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

DECLARATION

1. I, Dr..... S/o/, D/o do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice.
2. I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post.
3. I am not employed in any other Government Institution/ Autonomous body.

OR

I am employed with Government Institution/ Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

Date:-

Signature of Candidate

27.Enclosures (To be arranged in Chronological Order):-

1.	Proof of application fee deposit by Online/Offline Mode	
2.	Printout of Online Application duly signed in each page.	
3.	One Identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card etc.)	
4.	Address Proof	
5.	Certificate showing Date of Birth. (10 th Certificate/ Birth Certificate)	
6.	Four recent passport size photographs	
7.	Class X Certificate	
8.	Class XII Certificate	
9.	MBBS mark sheets	
10.	MBBS Degree	
11.	MD/DNB/DM/M.Ch mark sheets	
12.	MD/DNB/DM/M.Ch Degree	
13.	Internship Completion Certificate	
14.	Attempt certificates of MBBS/MD/MS/DNB/DM/M.Ch	
15.	Experience Certificate	
16.	MBBS Registration with Medical Council of India/ State Medical Council	
17.	MD/MS/DM/M.ChRegistration with Medical Council of India/ State Medical Council	
18.	No objection certificate from present employer (if applicable)	
19.	SC/ST/OBC/PH/EWS certificate issued by the competent authority (if applicable)	
20.	Copies of any other relevant documents (publications, awards etc)	
21.	Relieving letter of earlier institutions (if any)	
22.	Affidavit by Judicial Magistrate/Notary	

28. Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching, research and administrative, related to the job, which, in your view, entitles you to the post applied for:

SELF EVALUATION

Signature of Candidate

Candidates already employed in Central/State Government/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 _____ Dr./Shri/Smt./Kumari _____ holds a post of _____ in the department of _____ for the period from _____ to _____ on regular/contractual/ad-hoc basis in this Department/Office/Institution/Organization. **I have no objection to his/her application being considered for the post of _____ in the department of _____ in AIIMS, Deoghar, (Jharkhand). 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, Deoghar, (Jharkhand).**

2. Certified that he/she submitted his/her application to the Department /Office/ Institution/Organization on _____ for onward transmission to Deoghar, Jharkhand-814142.

No. _____ Dated _____

Signature _____ Designation _____

(Seal with Name & Designation)

Office Stamp

On NON-JUDICIAL STAMP PAPER OF Rs. 10/-

**TO BE SUBMITTED AT THE TIME OF INTERVIEW BY ALL CANDIDATES
APPEARING FOR THE INTERVIEW**

AFFIDAVIT

1. I,Dr. _____ S/O _____ hereby give an affidavit that all the degrees constituting essential qualification as per the advertisement, submitted by me in support of this application are recognized by medical/dental/nursing council of India or such body as is competent to recognize such a degree in India.
2. That I possess the requisite experience for the post that I have applied for from an institution recognized by the competent body of India.
3. That if at any stage this affidavit is found to be false then the interview and all subsequent actions to it may be considered void ab-initio besides any such administrative or legal action as the competent authority deemed fit to take including recovery of financial loss sustained due to the false affidavit.

Deponent

Verification

I, the above-named deponent, do hereby solemnly affirm and declare that all the contents of the above affidavit are correct and true to the best of my knowledge and belief and nothing has been concealed therefrom.

Verified at AIIMS Deoghar on this ____ (Date) ____

Deponent