अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर-814152 (भारत)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR-814152(INDIA)
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय,भारत सरकार केअधीन राष्ट्रीय महत्व का संस्थान)
(Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India
Website-www.aiimsdeoghar.edu.in

F. No: AIIMS Deoghar/DR/Non-Faculty/2025-26/103 **Date: - 23.10.2026**

NOTICE

(Ref. Advt.- F.No- AIIMS Deoghar/DR/Non-Faculty/2025-26/25 Date: 22.09.2025)

Subject: Cancellation of 04 (Four) Vacancies for the Post of Assistant Nursing Superintendent Advertised for Appointment on Regular Basis– reg.

With reference to the advertisement vide:- **F. No- AIIMS Deoghar/DR/Non-Faculty/2025-26/25 Date: 22.09.2025**, whereby 04 vacancies for the post of **Assistant Nursing Superintendent (3 UR & 01 OBC)** was advertised for appointment on a regular basis. It is hereby informed that the **04 (Four) vacancies** advertised for the post of **Assistant Nursing Superintendent** is hereby **cancelled/ withdrawn due to some administrative reason**.

The **application fee deposited by the candidates who had applied for the post of Assistant Nursing Superintendent against the aforesaid advertisement shall be refunded**. For processing of the refund, the concerned candidates are required to submit the **Refund Claim Form enclosed with this notice**, duly filled in and signed, along with the requisite supporting documents as mentioned in Application Fee Refund Claim Form.

The duly filled-in Refund Claim Form along with the requisite supporting document(s) shall be submitted to the **Recruitment Cell, Academic Building, AIIMS Deoghar, Jharkhand- 814117**, within **60 days from the date of publication of this notice**. The refund shall be processed after verification of the particulars furnished by the candidate.

This is being issued with the approval of the Competent Authority, AIIMS Deoghar.

Sd/-
Recruitment Cell
AIIMS Deoghar

Encl.: Refund Claim Form

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APPLICATION FEE REFUND CLAIM FORM
(For the Post of Assistant Nursing Superintendent)

Particulars	Details
1. Name of Candidate	
2. Father's/Mother's/Spouse's Name	
3. Advertisement No.	
4. Post Applied For	**Assistant Nursing Superintendent**
5. Application/Registration No.	
6. Demand Draft No.	
7. Date of Demand Draft	
8. Amount of Demand Draft	₹
9. Name of Issuing Bank	
10. Registered Mobile No.	
11. Registered Email ID	

BANK ACCOUNT DETAILS FOR REFUND

Particulars	Details
1. Name of Account Holder	
2. Name of Bank with Branch	
4. Account No.	
5. IFSC Code	

DECLARATION BY THE CANDIDATE: -

I hereby declare that I am the candidate/applicant who submitted the application fopr the post of Assistant Nursing Superintendent on regular basis against the advertisement dated 22.09.2025 and that the particulars furnished above are true and correct and correspond to the records submitted by me to AIIMS Deoghar.

I further declare that the bank account furnished above belongs to me and is maintained in my own name. I understand that the refund shall be processed only after verification of my particulars with the recruitment records of AIIMS Deoghar.

I undertake that the bank account details furnished by me are correct and that I shall be solely responsible for any consequences arising from furnishing incorrect, incomplete or third-party bank account details. I further understand that AIIMS Deoghar shall not be responsible for any loss, non-credit or misappropriation arising from incorrect bank account particulars furnished by me. I also certify that the refund claim is being submitted by me or on my behalf with my express authorization, and that no other person is entitled to claim or receive the refund in respect of my application.

Name:_____ Signature of Candidate: _____

Date: _____ Place:_____

Documents to be enclosed: -

1. Self-attested copy of a valid Photo ID proof of the candidate showing the candidate's name and photograph.
2. Self-attested copy of cancelled cheque bearing the candidate's name OR self-attested copy of the first page of the candidate's bank passbook/bank statement clearly showing the candidate's name, account number and IFSC code.
3. Self-attested copy of the Demand Draft/payment proof, if available.