|  |
| --- |
| **All India Institute of Medical Sciences, Bibinagar** Rangapur Village, Bibinagar, Yadadri Bhuvanagiri District, Telangana 508126, India **अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर**रंगापुर ग्राम, बीबीनगर, यदाद्री भुवनगिरी जिला, तेलंगाना 508126, भारत **(Camp office**: Deputy Director (Admin.), JIPMER, Dhanvantari Nagar, Puducherry 605006, India) |
| Email ईमेल: aiimsbbhr@gmail.com  | Telephone दूरभाष: +91-413- 2296011 |

**No.JIP/AIIMS(Bibinagar)/2020/ Contract / 01**

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| PASTE HERE LATEST SELF ATTESTED PHOTOGRAPH |

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| **Bankers Cheque / Demand Draft No** | **Name of the Bank &** **Dated** | **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 – II** |

 **Name of the Post:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Full Name (BLOCK LETTERS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father’s/Husband’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. (a) Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel. No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Aadhar No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mobile No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **E-mail ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (b) Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tele. No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. (a) Date of Birth: [ ] [ ] [ ]

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 {Date} {Month} {Year}

 (b) Age: (**as on 27.04.2020**) [ ] [ ] [ ]

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 {Years} {Months} {Days}

 (c) Sex: Male/Female (d) Marital Status: Married/Unmarried

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **UR** | **SC** | **ST** | **OBC** | **EWSs** |

5. Whether belong to:

 Whether belong to PwD (**OPH) : Yes or No**

 If yes, Percentage of disability : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Please strike out which is not applicable) (Attach attested copy of certificate on the proforma)

6. State of Domicile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. a) Registration No. with the Medical Council:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) State in which registered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. **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** |
| Matric/S.S.C. |  |  |  |  |
| Intermediate/HSC |  |  |  |  |
| B.Sc/M.Sc |  |  |  |  |
| M.B.B.S |  |  |  |  |
| 1st Profl. |  |  |  |  |
| 2nd Profl. |  |  |  |  |
| 3rd Profl. |  |  |  |  |
| 4th Profl. |  |  |  |  |
| Final Profl. |  |  |  |  |

 **(b) Postgraduate Career**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination Passed** | **Year of Passing** | **No. of attempts** | **Class/Division** | **University/****Institution** |
| M.D./M.S |  |  |  |  |
| 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.

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10. **Teaching/Research Experience after obtaining Postgraduate / Ph.D. Qualification**:

 (Please attach attested copies of experience Certificates)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Name of the Institute/organization** | **Name of the Post held** | **Period** | **Total period** |
| **From** | **To** | **Yrs.** | **Mths.** | **Days** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Research Experience, if any, together with details of published works in indexed journals.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **NUMBER OF PAPERS**

|  |  |  |
| --- | --- | --- |
| **Published** | **Accepted for publication** | **Presented at conference** |
| **Indexed** | **Non****Indexed** |  |  |
| **NATIONAL** |  |  |  |
| **INTER-NATIONAL** |  |  |  |  |

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1. 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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Particulars of Article** | **Impact Factor** | **Citations** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

|  |  |
| --- | --- |
| 14. Chapter in books/books edited | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| 15. (a) Present employment/post held | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  (b) Pay Scale | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  (c) Total emoluments drawn | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  (d) Complete Address of present  Employer. | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 16. Are you willing to accept the consolidated pay offered?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| 17. If Selected, what notice period would you require before joining | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| 18. Have you been outside India for Academic Purpose? If so, give following information: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Country visited** | **Dates of Visit** | **Duration of Visit** | **Purpose of visit** |
| **From** | **To** | **Yrs.** | **Mths.** | **Days** |
|  |  |  |  |  |  |  |

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19. State the foreign languages you know:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Foreign Language** | **Can read** | **Can write** | **Can speak** |
| (i) |  |  |  |  |
| (ii) |  |  |  |  |
| (iii) |  |  |  |  |

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

**Note:**

1. **You should have worked with one of the referees for at least two years.**
2. **They must not be related to you**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.NO** |  **NAME** | **STATUS**  | **ADDRESS** |
|  |  |  |  |
|  |  |  |  |

21. I enclosed self-attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed.

22. 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 may be given in **Annexure-III.**

**DECLARATION BY THE CANDIDATE**

**(Post applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at AIIMS Bibinagar).**

 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:**

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**LIST OF ENCLOSURES**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Particulars of enclosures** | **Marked page(s)** |
| 1. | Birth Certificate |  |
| 2. | Matriculation Certificate |  |
| 3. | MBBS / M.Sc Certificate |  |
| 4. | M.D/M.S/ D.N.B./Ph.D Certificate |  |
| 5. | Experience Certificate(s) |  |
| 6. | Community Certificate (SC,ST / OBC (Non-Creamy Layer/ Economically Weaker Sections) |  |
| 7. | Registration & Additional Registration with Medical Council Certificate |  |
| 8. | Disability Certificate |  |
| 9 | Any other relevant certificate(s) |  |