



# अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर

## All India Institute of Medical Sciences, Gorakhpur

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय भारत सरकार द्वारा स्थापित एक स्वायत्त निकाय)

(An autonomous organization under the Ministry of Health & Family Welfare, Govt. of India)

### APPLICATION FORM

#### NOTE:

1. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED' IN TIMES NEW ROMAN FONT, SIZE 11 PREFERABLY, SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

Paste here  
latest

Self attested

2. Applying for post (Tick mark the appropriate option):

(Regular/Deputation/Contractual)

Application for the Post of: \_\_\_\_\_ Designation \_\_\_\_\_  
at AIIMS, Gorakhpur

#### DISCIPLINE: \_\_\_\_\_

1. Full Name (BLOCKLETTERS): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

4. (a) Date of Birth: [ ] [ ] [ ]  
-----  
{Date} {Month} {Year}

(b) Age: (as on.....) [ ] [ ] [ ]  
-----  
{Years} {Months} {Days}

(c) Sex: Male/Female

(d) Marital Status: Married/Unmarried

5. Whether belong to:

UR  SC  ST  OBC  EWS

Whether belong to PwD:

Yes or  No

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

6. Percentage of disability (If Applicable): \_\_\_\_\_.

7. State of Domicile: \_\_\_\_\_

8. Nationality \_\_\_\_\_ Religion \_\_\_\_\_

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

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

**10. Educational Qualifications:**

(Please attach attested copies of certificates/degrees in support of your qualifications)

**Undergraduate Career**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
Matric/S.S.C.				
Intermediate /HSC				
B.Sc.				
M.B.B.S				

**(b) Postgraduate onwards Career:**

Examination Passed	Year of Passing	No. of Attempts	Class/Division	University/ Institution
M.D./M.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.

**11. Teaching/Research Experience:**

(Please attach self-attested copies of experience Certificates)

**a) Before obtaining Postgraduate/ Super Specialty/Ph.D. Qualification:**

Sr. No.	Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
		From	To	Years	Months	Days		
	<b>Total</b>							

**(b) After obtaining Postgraduate/Super Specialty/Ph. D. Qualification:**

Sr. No.	Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
		From	To	Years	Months	Days		
	<b>Total</b>							

12. PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession of the award.

No.	Description

13. MAJOR INTERESTS/HOBBIES/EXTRA-CURRICULARACTIVITIES.

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14. **MEMBERSHIP OF PROFESSIONAL SOCIETIES/BODIES/ASSOCIATIONS ETC.**  
**Status whether fellow, member or associate member etc. name of the society, body or association etc. and date of enrolment.**

S. No.	STATUS	NAME	DATE OF MEMBERSHIP

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

NUMBER OF PAPERS

Published	
Pub Med	Non- Pub Med

a) 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 five to be written here and the rest to be attached as Annexure in the given format):

Sr. No.	Particulars of Article in Vancouver style	Impact Factor	Citations
1			
2			
3			
4			
5			

16. Chapter in books/books edited : \_\_\_\_\_

17. (a) Present employment/post held : \_\_\_\_\_

(b) Pay Scale : \_\_\_\_\_

(c) Total emoluments drawn : \_\_\_\_\_

(d) Complete Address of present Employer. : \_\_\_\_\_

18. **Date of Retirement and the last Institution served** (Documentary Proof to be submitted) \_\_\_\_\_

19. **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	Years	Months.	Days	

20. **State the languages you know:**

No.	Language/Foreign Language	Can read	Can write	Can speak
(i)				
(ii)				
(iii)				

21. 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:**

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

NAMEE	Designation	Institution	ADDRESSE	Mobile	Email
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- 1.
- 2.

22. **Attach self-attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed.**
23. 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 the proforma attached.

Date:

Signature of the candidate

Place:

**NOTE:**

1. **INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT PAYMENT OF THE REQUIRED FEE WILL NOT BE ENTERTAINED.**
2. **SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENT REFERRED AS ANNEXURES ALONG WITH THE CASTE CERTIFICATE AND NOC IF APPLICABLE.**

**DECLARATION BY THE CANDIDATE**

(Post applied for \_\_\_\_\_  
at AIIMS, Gorakhpur).

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:



LIST OF ENCLOSURES:

Sr. 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.	D.M./M Ch. certificate	
6.	Experience Certificate(s)	
7.	Category Certificate (EWS/SC/ ST / OBC (Non- Creamy Layer)	
8.	Certificate of Registration & Additional Registration with Medical Council	
9.	Disability Certificate for PwBD candidates	
10.	Fees Transaction Receipt	
11.	Any other relevant certificate(s)	

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), GORAKHPUR**

Post applied for \_\_\_\_\_

**SELF EVALUATION (not more than 150 words)**

(Require under Column 24 of the application)

Date:

Signature of Candidate

**\*DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY**

I \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_  
\_\_\_\_\_ 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)

**Note:** The closing date for receipt of application will be treated as the date of reckoning the OBC  
status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

FORMAT OF POWER POINT PRESENTATION:

<b>Name</b>		
<b>Post Applied for &amp; Discipline</b>		
<b>DOB &amp; Age as on Crucial date</b>		
<b>Category</b>		
<b>Educational Qualification</b>		
<b>Teaching Experience</b>		
<b>Present Place of Work</b>		

<b>Best Five Publications</b>	<b>1</b>	
	<b>2</b>	
	<b>3</b>	
	<b>4</b>	
	<b>5</b>	