



सत्यमेव जयते

अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर
हिमाचल प्रदेश -१७४००१
All India Institute of Medical Sciences, Bilaspur
Himachal Pradesh-174001

<https://aiimsbilaspur.edu.in>
E-mail: - helpdesk.rec@aiimsbilaspur.edu.in



Advertisement No. & Date: _____

Application No-

(Office use only)

Post Code: _____

Post Applied for: _____

 Paste recent
passport
size colour
photograph
Fee Details:

Transaction ID _____ Date: ___ / ___ / _____ Amount _____

Personal Details (in CAPITAL letters only)

1. Full Name of applicant: _____

2. Father's Name: _____

3. Correspondence Address: _____

_____4. Permanent Address: _____

5. Email Address: _____

6. Phone No.: _____ 7. Alternate Phone No.: _____

8. Gender: Male Female 9. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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10. Marital Status: Married Unmarried Other _____ 11. Nationality: _____12. Category of the Candidate: UR EWS OBC SC ST
(Please see the detailed advertisement)13. Applied post category: UR EWS OBC SC ST
(Please see the detailed advertisement)14. Person with Disabilities: (tick '✓' in the appropriate box) Yes No

14 (a). Type of Disability _____

14 (b). Percentage of Disability _____

15. Identification Mark: _____

16. Details of Educational Qualifications:

S. No.	Examination Passed	University/ Board/ Institution/ Council of Examination	Year of passing	Aggregate % of Marks
1	Secondary (10 th)			
2	Senior Secondary (12 th)			
3	Graduation			
4	Post-Graduation			
5	Ph.D.			
6	Any Other			

17. Whether Registered with any Council? (If applicable, tick '√' in the appropriate box)

 Yes

 No

Registration No.....	State of registration.....	Date of Reg. ___ / ___ / _____
Name of the Council.....		

18. Professional Experience (in chronological order)

(Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)

S.No.	Organization/ Institution	Name of the Post held	Pay Level	Nature of Employment	Period (DD/MM/YYYY)	
				Ad hoc/ Temporary/ Permanent/ Deputation	From	To
Total Experience:						
Total Experience (after qualifying eligibility criteria):						

Nature of Duties performed during above period:

19. (a) Present employment/Post held:

(b) Pay Scale:

(c) Total emoluments drawn:

(d) Address of present employer:

20. Publications:

Total	
In Indexed National Journals	
In Indexed International Journals	

21. Awards/ Distinction/ _____

22. Paper presentation if any: _____

23. If selected, what notice period would you require before joining _____

24. Self-evaluation of your work, particularly 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 column-26.

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

Date:

Place:

Signature of the candidate

25. Declaration by the Candidate

Post applied for _____ at AIIMS, Bilaspur (H.P.)

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.

Date:

Place:

Signature of the candidate

26. Self-Evaluation

(Required under Column 24 of the application)

Date:

Signature of the candidate

27. Undertaking

I, _____ solemnly declare that I am not convicted in any criminal case and there are no criminal proceedings pending against me in any Court of Law.

I, _____ hereby acknowledge that if I submit or produce any false document and it is discovered subsequently then I shall be liable for action under the Applicable Law for the time being in force.

Declaration: The above statements have been made by me voluntarily which are true to the best of my knowledge and belief.

Date:

Place:

Signature of the candidate

General Instructions for filling of Application form

1. Before filling form, please read carefully about detailed advertisement, eligibility criteria, and fee details available on the official website (<http://www.aiimsbilaspur.edu.in>).
2. The candidates must ensure their eligibility in respect of category, experience, age and essential qualifications(s), etc. as mentioned against each post in the advertisement to avoid rejection at later stage.
3. The Executive director, AIIMS Bilaspur reserves the right to dispense with the written examination for any post keeping in view the number of applicants vis-a-vis vacancies & other circumstances.
4. Fill all details that are relevant to you in capital letters or numbers or tick (✓) the check box as required. All items are mandatory and must be filled in; otherwise, the form may be rejected.
5. Candidates must enter their email ID and mobile number in the application form correctly as all the important communication regarding the interview/exam will be made through email or SMS.
6. Please ensure that all information provided is correct and accurate.
7. Please note that you need to paste 3cm X 4cm recent passport size colour photograph with white background at the designated place. No other sizes will be accepted.
8. **Self-attested copies** of only following documents/certificates are to be provided in support of claims made / information given in the application form at the time of interview or must be send (Photocopy) with the application form in order as below-
 - a) Matriculation Mark Sheet and certificate for age proof.
 - b) Application form fees submission details.
 - c) Degree/Diploma certificates along with Marks Sheets of all years in support of Educational Qualifications, the provisional certificate(s) as prescribed under Essential Qualification column in detailed advertisement.
 - d) Council Registration Certificate.
 - e) Experience certificates.
 - f) All other certificates, if any required for determining eligibility, which is ever applicable to the applicants.
 - g) **No Objection Certificate** from the present employer in case a candidate is working in Govt./Semi Govt./Autonomous Body etc.**
 - h) Proof of publications/ Awards/ Medals/ Training undergone.
 - i) Undertaking that the candidate has not been convicted by court of law and there are no criminal proceedings pending against the candidate (Column-27).
 - j) Identity Proof (PAN Card, Passport, Driving License, Voter Card, Aadhar Card etc.)
 - k) Certificate showing Date of Birth (10th Mark sheet/ Passport/ Birth Certificate).
(**To be produced latest by date of appearing in interview)
- l) **The duly filled form has to be produced at the time of Interview.**



Proforma/Checklist for the Post of Senior Resident to be filled and submitted during Document verification

Name of the Candidate: _____ Application No. _____
Father's Name: _____ Mobile Number: +91 _____ Name
of the Department _____ Date of Birth: _____ Category: _____

Qualifications

S.No	Course/Qualification	Name of College/Institute (with year of Passing)	Total Extra Attempt	Total Marks	Marks Obtained	% age
1.	M.B.B.S/ M.Sc					
2.	MD/MS/DNB					
3.	D.M/ M.Ch/ Ph.D					
4.	Extra Qualifications, if any					

Total Experience: _____ Years _____ Months
Research Publications (in Nos.): Indexed Pub-Med _____ Non-PubMed _____
List of best 3 publications in the last 3 years in Vancouver style

Declaration

I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In case of any Information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of the candidate with date

(For office use only)

Documents to be Attached in serial order to submit during document verification (1 set of Photocopy):

1.	Original Application Form filled by the candidate as per the Advertisement (Annexure 1)	Yes/No
2.	Filled in Proforma/Checklist in the given format	Yes/No
3.	Identity Proof (Preferably Aadhar Card)	Yes/No
4.	Certificate showing Date of Birth. (10 th Certificate/ Birth Certificate).	Yes/No
5.	MBBS Marksheets & Certificates.	Yes/No
6.	MD/MS/DNB/DM/M.Ch. Marksheets & Certificates	Yes/No
7.	Attempt Certificate (For MBBS and Post Graduation)	Yes/No
8.	FMGE Certificate conducted by NBE (For Foreign Graduate)	Yes/No
9.	Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State	Yes/No
10.	No Objection Certificate in case of Govt. / Semi-Govt., PSU Employee	Yes/No
11.	Experience Certificate.	Yes/No
12.	Reservation category Certificate (EWS/OBC/SC/ST/PH)	Yes/No
13.	Publications	Yes/No
14.	Any other relevant documents, Application fess details.	Yes/No

Final Remarks: _____

Verified by

Name with Signature