

13. Category (Please tick only) Attach certificate in case of applying in reserved category.	UR	EWS	OBC	SC	ST	PwBD

14. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of Examination	Month and Year of Passing	No. of Extra Attempts
Secondary (10 th)			
Senior Secondary (12 th)			
MBBS/M.Sc.			
MD/MS/Ph.D.			
DM/DNB/M.Ch.			
Any Other			

15. **DETAILS OF EMPLOYMENT IN CHRONOLOGICAL ORDER STARTING WITH THE LATEST**
(Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)

Sl. No.	Organization/Institution	Name of the Post held on regular basis	*Pay and Level of the post held	Nature of Employment	Period	
				Adhoc/Temporary / Permanent/ Deputation	From (DD/MM/YY)	To (DD/MM/YY)
i.						
Nature of duties performed during the above period:-						
ii.						
Nature of duties performed during the above period:-						

iii.						
Nature of duties performed during the above period:-						
iv.						
Nature of duties performed during the above period						
v.						
Nature of duties performed during the above period:-						
vi.						
Nature of duties performed during the above period:-						
Total Experience _____ Years _____ Months _____ Days						

16. Publication	Index National Journal	Index International Journal

17. If selected, time period required for joining: - _____

18. 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- I**.

19. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II**.

Date:

Place:

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____ in the Department of _____
at AIIMS, Bathinda.

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.

I am not employed in any other Government Institution/ Autonomous body.

OR

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

Date:

Place:

Signature of the candidate

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA, PUNJAB

Post applied for _____

SELF EVALUATION

(Require under Column 18 of the application)

Date:

Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 19 of the application)

S.No	Particulars of enclosures	Attached (Yes/No)
1.	Birth Certificate	
2.	Matriculation Certificate	
3.	Marksheets of MBBS for all years	
4.	MBBS Degree Certificate	
5.	M.D/M.S./DNB/M.Sc. Degree Certificate	
6.	D.M./M Ch. Degree Certificate	
7.	Attempt and Internship Certificate	
8.	Publications	
9.	FMGE certificate conducted by NBE (For foreign graduate).	
10.	Experience Certificate(s)	
11.	Community Certificate (SC, ST / OBC (Non-Creamy Layer)	
12.	Income and Asset certificate in case of EWS candidates	
13.	Registration & Additional Registration with Medical Council Certificate	
14.	Disability Certificate	
15.	Any other relevant certificate(s)	
16.	Copy of Application Fees Paid	