



**अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL**  
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)  
Saket Nagar, Bhopal (M.P) – 462020  
Website: [www.aiimsbhopal.edu.in](http://www.aiimsbhopal.edu.in)

**Application form for engagement of Assistant Professor in the department of  
..... on Contractual basis at AIIMS, Bhopal**

<b>Advertisement No.</b>	<input style="width: 100%;" type="text"/>	Affix passport size self-attested colour photograph
<b>1- Name in block letters:-</b>	<input style="width: 100%;" type="text"/>	
<b>2- Father/Husband's Name in block letters:-</b>	<input style="width: 100%;" type="text"/>	
<b>3- (a) Permanent Address:-</b>	<input style="width: 100%; height: 30px;" type="text"/>	
<b>State</b>	<input style="width: 100%;" type="text"/>	
<b>Pin</b>	<input style="width: 100%;" type="text"/>	
<b>(b) Postal Address:-</b>	<input style="width: 100%; height: 30px;" type="text"/>	
<b>State</b>	<input style="width: 100%;" type="text"/>	
<b>Pin</b>	<input style="width: 100%;" type="text"/>	
<b>4- Contact Details:-</b>		
<b>Phone No. with STD Code:</b>	<input style="width: 100%;" type="text"/>	
<b>Mobile No.</b>	<input style="width: 100%;" type="text"/>	
<b>E-Mail</b>	<input style="width: 100%;" type="text"/>	
<b>5- Date of Birth as per the certificate</b>	<input style="width: 100%;" type="text"/>	
<b>Age as on date of Interview</b>	<input style="width: 100%;" type="text"/>	
<b>6- Gender</b>	<b>Male</b>	<b>Female</b>
<b>Tick the relevant</b>	<input style="width: 50px; height: 15px;" type="checkbox"/>	<input style="width: 50px; height: 15px;" type="checkbox"/>

7- Candidate's Category (UR/SC/ST/OBC/EWS)

8- Category Applied for (UR/SC/ST/OBC/EWS)

Mention the Category (attach relevant Supporting document. In case of OBC & EWS, the certificate should be issued by the appropriate authority recently valid for appointment to the post reserved under Govt. of India)

9- Are You

(a) A citizen of India by birth or by domicile?

By Birth

By Domicile

10-Person with Benchmark Disability (PwBD)/

If yes, then mention the %

11-Educational Qualification:-

Name of the Examination	Subject/ Discipline/ Speciality	University/ Institute/ College	Date of completion of course	Month & Year of Passing final examination	Marks Obtained	Duration of Course
M.B.B.S						
M.D/ M.S/ M.Sc.						
D.M/ M.Ch/ Ph.D						

(Please tick the relevant Degrees)

12- Post PG Experience:

Name of the Organization	Date of Joining	Date of leaving	Name of the post	Whether on Adhoc/ Contract/ Regular/Outsourced	Nature of Work (Teaching /Research or Patient Care)	Pay Band and present basic pay/Level

**13- Experience of Research Work and available published material, if any, mention the details and enclosed reprint thereof :-**

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**14- Publication and Research Work (numbers only):-**

	Published	Under Publication	1 <sup>st</sup> Author/ Communication Author
<b>1- Research Paper</b> (a) Indexed Journals (b) Non- Indexed Journals			
<b>2- Books</b> (a) Text Books (b) Edited Books (c) Educational Books			
<b>3- Chapter in Books</b>			
<b>4- Abstracts</b> (a) Indexed Journals (b) Non- Indexed Journals			

List of Publications in support of the aforesaid figures should be enclosed.

**15- Projects as Chief Investigator:**

Source of Funding	Year	Total Amount

**16 - Award, Fellowship and Membership of Professional Bodies:**

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**17 - Membership of Editorial Boards of Indexed International Journals/ Review Committees at National Bodies and Institutions:**

**18 - Service: [Contributions made towards the Development of New Unit/ Specialty/ laboratory / Facility/ Programs/ Therapeutic or Diagnostic or Diagnostic Procedure Developed or Patens taken (enclosed evidence)]:-**

**19- Contributions in Community & National Programmes:**

**20- Describe your most notable contribution in teaching and research in 200 words:-**

**21- In your understandings, top 10 priority required areas for the Institute.- [Please add sheets, if required]**

D.D. No. \_\_\_\_\_ Amount (in Rs.) \_\_\_\_\_ Dated \_\_\_\_\_

Bank Name \_\_\_\_\_

22- Attach self-attested photocopies of the following certificates/documents in the order as mentioned below.

- 1- Certificate in respect of date of birth.
- 2- Degree certificates of the Qualification as mentioned in Sl. No. 11 of this application form.
- 3- Experience Certificate as mentioned in Sl. No. 12 of this application form.

**UNDERTAKING**

**I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.**

Place:

Signature of the Candidate

Date:

Name of Candidate in block letters)

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