



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001
ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ | ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ



RECRUITMENT CELL

Application for the post of _____ on deputation basis at			
AIIMS, Bathinda			
1	Name and Present Address in Block Letters	Affix here recent passport size photograph
2	Father's Name		
3	Date of Birth (DD/MM/YYYY) and Age in Years		
4	AADHAR Number		
5	Designation (Name of the post-held currently)		
6	Name of the Office/ Institution/ Organization, where-in working presently		
7	Date of Entry into Service		
8	Date of retirement under Central/ State Government Rules		
9	Educational Qualification	i)	
		ii)	
		iii)	

10 Whether educational and other qualifications required for the post are satisfied (if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same)._____

11	Qualifications/ Experience		
	Essential	Required	Possessed

13 Please state clearly whether in the light of entries made by you above, you meet the requirements of the post

Note: Borrowing Department are to provide their specific comments/views confirming the relevant Essential Qualification/ Work Experience possessed by the Applicant (as mentioned in the Bio-data) with reference to the post applied.

14 Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your signature if the space below is insufficient.

Sl. No	Name of the Office/ Institution/ Organization	Organization Type (Central Government/ State Government/ UT/ PSU etc..)	Post held	Duration of the Post held		Total Duration of Experience Years/ Months/ Days	Pay-band and Grade pay (Scale of Pay if in pre-revised scale of pay)	Nature of Duties
				From	To			
1								
2								
3								
4								
Total Work experience in required Grade Pay			YearsMonths..... Days				

15	Nature of present employment (i.e.ad-hoc or temporary or quasi-permanent or permanent)		
16	<p>In case the present employment is held on deputation/contract basis, Please state :</p> <p>a) the date of initial appointment</p> <p>b) period of appointment on deputation/contract</p> <p>c) name of the parent office/organization to which you belong</p> <p>NOTE: In case of Officers already on deputation, the applicants of such officers should be forwarded by the parent cadre/ department along with Cadre Clearance, Vigilance Clearance and Integrity.</p>		
17	<p>Additional details about present employment please state whether working under (Indicate the name of your Employer against the relevant column):</p> <p>a) Central Government</p> <p>b) State Government</p> <p>c) Autonomous Organization</p> <p>d) Government undertaking</p> <p>e) University</p>		
18	Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale.		
19	Total emoluments per month now drawn.		
	Basic Pay in the PB	Grade Pay	Total Emoluments
20	Present Pay and date from which the Present pay is drawn		
21	In case the applicant belongs to an Organization which is not following the Central Government Pay Scales, the latest salary slip issued by the Organization showing the following details may be enclosed		
	Basic Pay with Scale of Pay and rate of increment	Dearness Pay/ Interim relief/ other allowances etc. (with break-up details)	Total Emoluments
22	Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient.		

23	Whether belongs to SC/ST/OBC (if yes, please specify)	
24	Contact Numbers & Email id:	
	i. Office	ii. Residence
	<u>Mobile:</u>	<u>Mobile:</u>
	<u>E-mail address:</u>	<u>E-mail address:</u>
25	If selected, specify the minimum required joining time	
Signature of the Applicant:		Applicant's Address
Date:		
<u>Countersigned:</u>		
<p style="text-align: center;">-----</p> <p style="text-align: center;">[Employer/ Authorized Officer]</p>		<u>Office Address:</u> <u>Email:</u>

Check List

Sl. No	<u>Particular</u>	<u>Yes/ No</u>
1	Whether application forwarded through proper channel	
2	Whether No Objection Certificate attached	
3	Whether attested copies of the up-to-date APARs for last 05 (Five) years attached?	
4	Whether Vigilance Clearance Certificate attached?	
5	Statement of Minor & Major penalties imposed (If any) attached?	

Name of the Applicant:

(Signature of the Applicant)

NOTE: Applications without forwarding through proper channel, vigilance clearance and complete CR Dossiers will not be considered.

DECLARATION

I solemnly declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false OR incomplete/ incorrect OR ineligible being detected at any time before OR after selection / interview, my candidature is liable to be rejected and I shall be bound by the decision of the Executive Director, AIIMS Bathinda.

Place

Date

(Signature of the Applicant)

CERTIFICATE BY THE EMPLOYER / CADRE CONTROLLING AUTHORITY

The information/details provided in the above application are true and correct as per the facts available on records. This Institute/Department/Organization has **No Objection** to his/her application being considered for the post of _____ on deputation basis for AIIMS, Bathinda. He/she possesses educational qualification and experience mentioned in the vacancy circular. If selected, he/ she will be relieved immediately.

Also certified that:

- i) There is no vigilance or disciplinary case pending/contemplated against Shri/Smt.....working asin this Organization.
- ii) His/ Her integrity is beyond doubt.
- iii) His/ Her ACR Dossier in original is enclosed and photocopies of the ACRs for the last 5 years duly attested are enclosed
- iv) No disciplinary case is either pending and contemplated against the officer and no penalty, major or minor, was imposed on him/her during the last 10 years.

SIGNATURE (with seal) : (Employer/Cadre Controlling Authority)

Name :

Designation :

Email :

Telephone No. :

Official Seal :

PLACE :

DATE :