



**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**



AIIMS/BTI/Rect.Cell/ContractualPosts/265

17 Jun 2021

**APPLICATION-FORM FOR GROUP- 'A' and 'C' CONTRACTUAL POST**

NOTE: TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT, SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

PASTE HERE  
SELF ATTESTED  
PHOTOGRAPH

DD. No	Date	Amount	Bank

Post applied for: \_\_\_\_\_  
 (for All India Institute of Medical Sciences, Bathinda, Punjab)

1. (a) Full Name (BLOCK LETTERS):

\_\_\_\_\_  
 (First Name) (Middle Name) (Surname)

(b) Sex: Male / Female

(c) Marital Status: Married / Unmarried

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

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

Email. \_\_\_\_\_

Mob. No. \_\_\_\_\_ PIN: \_\_\_\_\_

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

Email. \_\_\_\_\_

Mob. No. \_\_\_\_\_ PIN: \_\_\_\_\_

4. (a) Date of Birth: ( ) ( ) ( )  
 \_\_\_\_\_  
 (Date) (Month) (Year)

(b) Age: ( ) ( ) ( )  
 \_\_\_\_\_  
 (Yrs.) (Months) (Days)

5. Whether belongs to: General / SC / ST / OBC / PH   
 (Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed by the Govt. of India)

6. State of Domicile: \_\_\_\_\_
7. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_
8. Educational Qualifications:  
(Please attach attested copies of certificates/degrees in support of your qualifications)

a) **Educational Qualification:**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
Matric/S.S.C.				
Intermediate/ HSC				
Bachelor Degree				
Masters Degree				
Any Other Qualification				

9. **Details of Work Experience:**  
(Please attach attested copies of experience certificates)

Post held (Indicate Temporary/ Permanent)	Period		Total Period			Name of the Organization	Salary Drawn/ Pay Scale (In case of Govt. Organization)	Nature of Duties
	From	To	Yrs.	mths.	days			
<b>Total Experience</b>	_____ Years _____ Months _____ Days							

10. Details of Prizes, Medals, Scholarships & National/ International Awards etc.:
11. Additional qualification such as membership of scientific society etc. :

12. (a) Present employment/ post held if any : \_\_\_\_\_  
(b) Pay Scale : \_\_\_\_\_  
(c) Total emoluments drawn : \_\_\_\_\_  
(d) Address of present employer : \_\_\_\_\_  
: \_\_\_\_\_

13. If selected, what notice period would you require before joining : \_\_\_\_\_

14. 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.

15. 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 \_\_\_\_\_ 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.

Date:

Place:

Signature of the 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.36033/3/2004Estt(Res) dated 09.03.2004.

Place:

Date:

(Signature of the applicant)

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

ANNEXURE-I

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA, PUNJAB**

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

SELF EVALUATION

(Require under Column 14 of the application)

Date:

Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 15 of the application)

1. Birth certificate
2. Matriculation certificate
3. Bachelor Degree Certificates
4. Masters Degree Certificate
5. Any other degree certificate
6. Experience certificate(s)
7. Community certificate  
(SC, ST, OBC, PH)
8. Registration with Council Certificate
9. Any other relevant certificate(s)
10. THE DULY FILLED FORM HAS TO BE DEPOSITED IN  
RECRUITMENT CELL, AYUSH BLOCK, AIIMS, BATHINDA.