

# All India Institute of Medical Sciences, Bibinagar

Rangapur Village, Bibinagar, YadadriBhuvanagiri District, Telangana 508126, India

अखिलभारतीयआयुर्विज्ञानसंस्थान

, बीबीनगर

रंगापुरग्राम

, बीबीनगर

, यदाद्रीभुवनगिरीजिला

, तेलंगाना

508126, भारत

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No.JIP/AIIMS(Bibinagar)/2020/ Contract / 01

Bankers Cheque / Demand Draft No	Name of the Bank & Dated	Amount

PASTE HERE  
LATEST  
SELF ATTESTED  
PHOTOGRAPH

## NOTE:

1. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED', SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.
2. **BRIEF OF CANDIDATE TO BE SUBMITTED AS PER ANNEXURE – II**

Name of the Post: \_\_\_\_\_

DISCIPLINE: \_\_\_\_\_

1. Full Name (BLOCK LETTERS): \_\_\_\_\_

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

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

Pin: \_\_\_\_\_

Fax. No. \_\_\_\_\_ Tel. No. \_\_\_\_\_

Aadhar No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail ID: \_\_\_\_\_

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

Pin: \_\_\_\_\_

Tele. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

4. (a) Date of Birth: [ ] [ ] [ ]  
-----  
{Date} {Month} {Year}

(b) Age: (as on 27.04.2020) [ ] [ ] [ ]  
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{Years} {Months} {Days}

(c) Sex: Male/Female

(d) Marital Status: Married/Unmarried

5. Whether belong to:

UR	SC	ST	OBC	EWSs
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Whether belong to PwD (OPH) : **Yes or No**

If yes, Percentage of disability : \_\_\_\_\_.

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma)

6. State of Domicile: \_\_\_\_\_

7. Nationality \_\_\_\_\_ Religion \_\_\_\_\_

8. a) Registration No. with the Medical Council: \_\_\_\_\_

b) State in which registered \_\_\_\_\_

9. **Educational Qualifications:**

(Please attach attested copies of certificates/degrees in support of your qualifications)

(a) **Undergraduate Career**

<b>Examination Passed</b>	<b>Year of Passing</b>	<b>No. of attempts</b>	<b>Class/Division</b>	<b>University/ Institution</b>
Matric/S.S.C.				
Intermediate/ HSC				
B.Sc/M.Sc				
M.B.B.S				
1 <sup>st</sup> Profl.				
2 <sup>nd</sup> Profl.				
3 <sup>rd</sup> Profl.				
4 <sup>th</sup> Profl.				
Final Profl.				

(b) **Postgraduate Career:**

<b>Examination Passed</b>	<b>Year of Passing</b>	<b>No. of attempts</b>	<b>Class/Division</b>	<b>University/ Institution</b>
M.D./M.S				
D.M/M.Ch.*				
D.N.B.				
Ph.D.				

\* Must indicate No. of years of the course (2yrs/3yrs/5yrs) and name of the Institute with full address.

10. **Teaching/Research Experience after obtaining Postgraduate / Ph.D. Qualification:**  
 (Please attach attested copies of experience Certificates)

Sl.No	Name of the Institute/organization	Name of the Post held	Period		Total period		
			From	To	Yrs.	Mths.	Days
<b>Total</b>							

11. Details of Prizes, Medals, Scholarships & National / International Awards etc.

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12. Additional qualification such as Membership of Scientific Society etc.

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13. Research Experience, if any, together with details of published works in indexed journals.

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a) **NUMBER OF PAPERS**

	Published		Accepted for publication	Presented at conference
	Indexed	Non Indexed		
<b>NATIONAL</b>				
<b>INTER-NATIONAL</b>				

b) Please provide a list of all your scientific publications in chronological order providing details of articles including whether Original article/review/case report, indexed / non-indexed, impact factor and number of citations for the articles:

Sl. No.	Particulars of Article	Impact Factor	Citations
1			
2			
3			
4			
5			

14. Chapter in books/books edited : \_\_\_\_\_

15. (a) Present employment/post held : \_\_\_\_\_

(b) Pay Scale : \_\_\_\_\_

(c) Total emoluments drawn : \_\_\_\_\_

(d) Complete Address of present Employer. : \_\_\_\_\_

16. Are you willing to accept the consolidated pay offered? \_\_\_\_\_

17. If Selected, what notice period would you require before joining \_\_\_\_\_

18. Have you been outside India for Academic Purpose? If so, give following information: \_\_\_\_\_

Country visited	Dates of Visit		Duration of Visit			Purpose of visit
	From	To	Yrs.	Mths.	Days	

19. State the foreign languages you know:

No.	Foreign Language	Can read	Can write	Can speak
(i)				
(ii)				
(iii)				

20. Give below the full details of the names/particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post.

**Note:**

- i. You should have worked with one of the referees for at least two years.
- ii. They must not be related to you

SL.NO	NAME	STATUS	ADDRESS

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

22. 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-III**.

**DECLARATION BY THE CANDIDATE**

**(Post applied for \_\_\_\_\_ at AIIMS Bibinagar).**

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 on regular basis.

**Date:**

**Signature of the candidate**

**Place:**

**LIST OF ENCLOSURES**

<b>S.No</b>	<b>Particulars of enclosures</b>	<b>Marked page(s)</b>
1.	Birth Certificate	
2.	Matriculation Certificate	
3.	MBBS / M.Sc Certificate	
4.	M.D/M.S/ D.N.B./Ph.D Certificate	
5.	Experience Certificate(s)	
6.	Community Certificate (SC,ST / OBC (Non-Creamy Layer/ Economically Weaker Sections)	
7.	Registration & Additional Registration with Medical Council Certificate	
8.	Disability Certificate	
9	Any other relevant certificate(s)	