

Annexure 1
Application Form

(Advt. No. AIIMS/DEO/RECT.CELL/2023-24/6275/Phase-I)

(Type in space provided Using Times New Roman Font 12)

For Official Use:

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Application Ref No:

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Payment details to be filled by all Applicants:

| Issuing Bank & Branch | Transaction/Reference No. | Mode of Payment | Amount Paid | Date of issue | Designation Applied for | Category against which applied |
|-----------------------|---------------------------|-----------------|-------------|---------------|-------------------------|--------------------------------|
| | | | | | | |

1. Name without prefixing title (in BLOCK LETTERS):

2. Father's/Husband's Name: _____
3. Application for the Post of _____
4. Direct recruitment/ deputation:
5. Discipline _____
6. Category against which the post is applied for (**Post advertised**)
(Tick against the category)

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| PASTE HERE LATEST SELF-ATTESTED COLOR PHOTOGRAPH AGAINST WHITE BACKGROUND |
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|-----------|---------------------------------|-----------|-----------|------------|------------|
| UR | OBC (Non Creamy) | SC | ST | EWS | PWD |
|-----------|---------------------------------|-----------|-----------|------------|------------|

7. Whether candidate belong to: (Tick against the category)

| | | | | | |
|-----------|---------------------------------|-----------|-----------|------------|------------|
| UR | OBC (Non Creamy) | SC | ST | EWS | PWD |
|-----------|---------------------------------|-----------|-----------|------------|------------|

9. State of Domicile:_____

10. Nationality:_____Religion_____

11. a) Registration No. And Year registered with the Medical/Dental Council:_____

b) State in which registered with name of council)_____

12. Educational Qualifications:

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

| Examination Passed | Year of Passing | No. of attempts | Marks obtained out of Total marks | % of marks /Division | University / Institution |
|-------------------------------|------------------------|------------------------|--|-----------------------------|---------------------------------|
| Matric /S.S.C. | | | | | |
| Intermediate /HSC | | | | | |
| B.Sc/Hons /Pass course | | | | | |
| MBBS 1 | | | | | |
| MBBS II | | | | | |
| MBBS III (Part 1) | | | | | |
| MBBS III(Part 2) | | | | | |
| Others | | | | | |

(a) **Postgraduate Career:**

| Examination Passed | Year of Passing | No. of attempts | Marks obtained out of total marks /Division | % of marks /Division | University/ Institution |
|---------------------------|------------------------|------------------------|--|-----------------------------|--------------------------------|
| M.D./M.S | | | | | |
| M.Sc | | | | | |
| D.M./MCh.* | | | | | |
| D.N.B. | | | | | |
| Ph.D. | | | | | |

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

13. Teaching/Research Experience:
 (Please attach attested copies of experience Certificates)

a) Before obtaining Postgraduate/ Super Specialty/Ph.D. Qualification:

| S.No. | Postheld (Temporary/ Regular/ Adhoc /deputation | Period | | Total period | | | Pay Scale | Employer's full Address |
|-------|---|--------|----|--------------|--------|------|--------------|----------------------------|
| | | From | To | Yrs. | Mnths. | Days | | |
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| | | | | | | | | |
| | Total | | | | | | | |

(b) After obtaining Postgraduate/Super Specialty/Ph.D. Qualification:

| S. No. | Name of post held(indicate Temporary/ Adhoc/regular/ Deputation) | Period | | Total period | | | Pay Scale | Full name of Employer /Institute/Organization |
|--------|---|--------|----|--------------|-------|------|-----------|---|
| | | From | To | Yrs. | Mths. | Days | | |
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| | | | | | | | | |
| | Total | | | | | | | |

14. Prizes, medals, scholarships etc. awarded (mention only those related to the profession n of the award.

| No. | Description |
|-----|-------------|
| | |

15. Major interests/hobbies /extra-curricular activities in which participated (furnish certificates)

16. Membership of professional societies/bodies/associations etc. Status whether fellow, member or associate member etc. name of the society, body or association etc. and date of enrollment.

| S.NO. | STATUS PERMANENT/ANNUAL | NAME OF THE PROFESSIONAL BODY | No & DATE MEMBERSHIP OF |
|-------|----------------------------|-------------------------------|----------------------------|
| | | | |

17. Leadership /Administrative experience if any-

| Administrative Post Held | Institute | Period | Description |
|-----------------------------|-----------|--------|-------------|
| | | | |
| | | | |
| | | | |

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

NUMBER OF PAPERS _____

| | | | |
|----------------------|------------------|---------------------------------|--------------------------------|
| | Published | Accepted for publication | Presented at conference |
| | Indexed | Non Indexed | |
| NATIONAL | | | |
| INTERNATIONAL | | | |

a) 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 in Vancouver style only | Impact Factor | Citations |
|----------------|---|----------------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

| | | |
|--|---|--|
| Best Five Publications(In Vancouver Format) | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| | 5 | |

19. Chapter in books/books edited

20. (a)Present employment/post held

(b)Last Pay Scale

(c)Total emoluments drawn

(d)Complete Address of present Employer.

21. Are you willing to accept the consolidated pay if offered?

22. If Selected, what notice period would you required for joining

23. 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. | Months. | Days | |
| | | | | | | |

24. State the languages you know:

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

25. Give below the full details of the names/particulars of two referees from your specialty 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**

| NAME | STATUS | ADDRESS |
|------|--------|---------|
|------|--------|---------|

1.

2.

26. Attach attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-2**.

27. 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-3**.

Date:

Signature of the candidate

Place:

NOTE:

1. **INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT PAYMENT DETAILS OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED.**
2. **SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENT REFERRED AS ANNEXURES (I,II,III,IV) ALONGWITH THE CASTE CERTIFICATE AND NO CIF APPLICABLE.**

DECLARATION BY THE CANDIDATE

(Post applied for

at

AIIMS Deoghar).

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 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:

ANNEXURE 2

LIST OF ENCLOSURES:

| S.No | Particulars of enclosures | Marked page(s) |
|-------------|---|-----------------------|
| 1. | Payment details | |
| 2. | Birth Certificate | |
| 3. | Matriculation Certificate | |
| 4. | MBBS/M.Sc, Mark sheet & Certificate | |
| 5. | M.D/M.S/D.N.B./PhD Mark sheet & Certificate | |
| 6. | D.M./MCh. certificate | |
| 7. | Experience Certificate(s) | |
| 8. | Community Certificate (SC, ST ,OBC Non-Creamy Layer, EWS) | |
| 9. | Registration & Additional Registration with Medical Council Certificate | |
| 10. | Disability Certificate | |
| 11. | No Objection Certificate (Annexure 4) | |
| 12. | Any other relevant certificate(s) | |

ANNEXURE 3

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), DEOGHAR

Post applied for _____

SELF EVALUATION (not more than 150 words)
(Require under point no. 28 of the application)

Date:

Signature of Candidate

Annexure 4

Candidates already employed in Central/State Govt. /Autonomous Institutions/Statutory Organizations/ PSUs under Central/ State Govt. should get the following endorsement signed by their present employer (appointing authority/Head of the Institute).

No Objection Certificate

1. Certified that Dr./Shri/Smt./Kumari _____

Holds a post of _____ for the period from

_____ to _____ on regular basis in this

Department/Office/Institution/Organization.

I have no objection to his/her application being considered for the post

of _____ in the department of

_____ **in AIIMS, Deoghar . In the event**

of his/her selection to the post, he/she will be relieved from the

duty to take up the post of _____

in AIIMS, Deoghar .

No. _____

Signature

Dated _____

Designation _____

(Seal with Name & Designation)

Office Stamp

Annexure 5

***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.36033/3/2004-Estt(Res) dated 09.03.2004.

Place:

(Signature of applicant)

Date:

(in running handwriting)

*** Note:**

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

Annexure 6

OBC Certificate

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kum* _____ son/daughter of shri
_____ Of village/town _____ in District _____ in state
_____ Belongs to _____ which is recognized as a backward class under:

- (2) Resolution No.12011/68/93-BCC@dated10th September1993,publishedintheGazetteofIndia-Extraordinary-part1, Section1, No.186dated13thSeptember 1993
- (3) ResolutionNo.12011/9/94-BCCdated19thOctober1994,publishedintheGazetteofIndia-Extraordinary-part1,Section 1,No.163, dated20thOctober1994.
- (4) ResolutionNo.12011/7/95-BCC,dated24thMay,1995,publishedinGazetteofIndia-Extraordinary-part1,Section1, No.88,dated25thMay1995.
- (5) ResolutionNo.12011/44/96-BCC,dated6thDecember1996,publishedinGazetteofIndia-Extraordinary-part1,Section1,No.210, dated11thDecember1996.
- (6) ResolutionNo.12011/68/93-BCC,publishedinGazetteofIndia-Extraordinary-No.129,datedthe8thJuly1997.
- (7) ResolutionNo.12011/12/96-BCC,publishedinGazetteofIndia-Extraordinary-No.164,datedthe1stSept1997.
- (8) ResolutionNo.12011/99/94-BCC,publishedinGazetteofIndia-Extraordinary-No.236,datedthe11thDec1997.
- (9) ResolutionNo.12011/13/97-BCC,publishedinGazetteofIndia-Extraordinary-No.239,datedthe3rdDec1997.
- (10) ResolutionNo.12011/12/96-BCC,publishedinGazetteofIndia-Extraordinary-No.166,datedthe3rdAug1998.
- (11) Resolution No.12011/68/93-BCC,publishedinGazetteofIndia-Extraordinary-No.171,datedthe6th Aug1998.
- (12) ResolutionNo.12011/68/98-BCC,publishedinGazetteofIndia-Extraordinary-No.241,datedthe27thOct1999.
- (13) Resolution No.12011/88/98-BCC,publishedinGazetteofIndia-Extraordinary-No.270,datedthe6th Dec1999.
- (14) Resolution No.12011/36/99-BCC,publishedinGazetteofIndia-Extraordinary-No.71,datedthe4thApril2000.

Shri/Smt./Kum* _____ and/or his/her family ordinarily reside(s)in the
_____ District of the _____ State. This is also to certify
that he/she does not belong to the persons/sections (**Creamy Layer**) mentioned in column 3 (of the Schedule to the
Government of India, Department of Personnel & Training OM NO.36012/22/93 - Estt (SCT), dated 08.09.1993) and
modified vide Government of India, Department of Personnel and training O.M No.36033/3/2004-Estt.(Res)
dated09.03.2004.

Place:

Signature

Dated:

District Magistrate/Dy. Commissioner etc.

*Strike out whichever is not applicable

(With seal of office)

NB:(a)Theterm'ordinarily' usedherewillhavethesamemeaningasinsection20oftheRepresentationofPeople'sAct.,1950.

The Authorities competent to issue OBC caste certificates are indicated below:-

- (i) DistrictMagistrate/AdditionalMagistrate/Collector/DeputyCommissioner/AdditionalDeputyCommissioner /
Deputy Collector / 1st class Stipendiary Magistrate / Sub - Divisional Magistrate /
TalukMagistrate/ExecutiveMagistrate/ExtraAssistantCommissioner(notbelowtherankof1stclassStipendiary
Magistrate).
- (ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tahasildar, and
- (iv) Sub-Divisional Officer of the area where the Candidate and or his family resides.

Annexure 7
EWS Certificate

Government of..... (Name &Address of the authority issuing the certificate)
INCOME& ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No.....

Date:

VALID FOR THE YEAR.....

This is to certify that Shri/Smt./Kumari.....son/daughter/wife of.....
Permanent resident of.....village/Street.....Post office.....
District.....in the State/Union Territory.....Pin Code..... whose
photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her
family** is below Rs.8 lakh (Rupees Eight Lakh only)for the financial year.....
His/her family does not own or possess any of the following assets***:

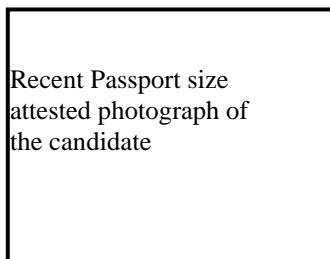
- I. 5acres of agricultural land and above;
- II. Residential flat of 1000sq. ft. and above;
- III. Residential plot of 100sq. yards and above in notified municipalities;
- IV. Residential plot of 200sq. yards and above in. are as other than the notified municipalities.

Shri/Smt./Kumari.....belongs to thecaste which is not
Recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office:

Name:.....

Designation:.....



*Note: Income covered all sources i.e. salary, agriculture, business, profession etc.

**Note2:Theterm'Family'forthis purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Annexure 8

BRIEF OF THE CANDIDATE (to be duly typed in Times New Roman Font, size 11)

Advt. no. _____ Post _____ Name of the Post & Department:

| | |
|--|---|
| A. Name Age Qualifications Member of Scheduled Caste/Tribe/Other Backward Class/EWS | B. Present Employment with present basic Salary & Grade Notice Required for joining Whether applied through proper Channel |
|--|---|

C. Academic Vitae (from Matriculation onwards)

| Examination | College/Institution | University/Board | Year | Subjects | %of Marks obtained | Class/Division/Grade | Merit/Prizes/Medals won, if any |
|--------------|---------------------|------------------|------|----------|--------------------|----------------------|---------------------------------|
| High School | | | | | | | |
| Intermediate | | | | | | | |
| MBBS/UG | | | | | | | |
| MD/PG | | | | | | | |
| Others | | | | | | | |

| | | | | | | |
|--|-------|-------|--|--|--|--|
| D. Languages Known | | | E. Teaching Experience Total in(years): | | F. Research Experience (in years) : | |
| Read | Write | Speak | Under-graduate classes(No. of years)- | | Research–Achievements/Credits | |
| | | | Post-graduate Classes (No. of years)- | | | |
| | | | No. of Papers presented at Conferences- | | | |
| G. No. of Research Papers Published | | | H. Books Published | | J. No. of dissertations supervised MD/MS DM/MCH Ph.D. | |
| National | | | I. No of Research Projects | | | |
| International | | | | | | |

K. References & Testimonials:

| | |
|--|--|
| L. Work Exp. along with designation, Tenure and Institute (Max last Five designations/Institute): 1. 2. 3. 4. 5. | Signature of Applicant Date..... Designation..... |
|--|--|

Note: list of publications if any may be given overleaf (starting sequentially with the best five publications) in Vancouver style.

Annexure 9

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents(or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Shrimati/Kumari* _____ son/daughter of _____ of village/town/* in District/Division _____ * _____ of the State/Union Territory* _____ belongs to the Caste/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* under:-

The Constitution (Scheduled Castes) order, 1950 _____
The Constitution (Scheduled Tribes) order, 1950 _____
The Constitution (Scheduled Castes) Union Territories order, 1951 * _____
The Constitution (Scheduled Tribes) Union Territories Order, 1951* _____

As amended by the Scheduled Castes and Scheduled Tribes Lists(Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956 _____
The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes order (Amendment Act), 1976*.
The Constitution (Dadra and Nagar Haveli) Scheduled Castes order 1962.
The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962@.
The Constitution (Pondicherry) Scheduled Castes Order 1964@
The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @
The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@
The Constitution (Goa, Daman & Diu) Scheduled Tribes Order 1968 @
The Constitution (Nagaland) Scheduled Tribes Order, 1970 @
The Constitution (Sikkim) Scheduled Castes Order 1978@

The Constitution (Sikkim) Scheduled Tribes Order 1978@
The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989@
The Constitution (SC) orders (Amendment) Act, 1990@
The Constitution (ST) orders (Amendment) Ordinance 1991@
The Constitution (ST) orders (Second Amendment) Act, 1991@
The Constitution (ST) orders (Amendment) Ordinance 1996
The Scheduled Caste and Scheduled Tribe Orders(Amendment) Act 2002.
The Constitution (Scheduled Caste) Orders(Amendment) Act 2002.
The Constitution(Scheduled Caste and Scheduled Tribe) Orders(Amendment) Act 2002.
The Constitution (Scheduled Caste) Order (Amendment) Act 2007.
%2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled tribes certificate issued to Shri/Shrimati _____ Father/mother _____ of _____ of village/town* _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ the _____ dated _____.

%3. Shri/Shrimati/Kumari and /or * his/her family ordinarily reside(s) in village/town* _____ of _____ District/Division* _____ of the State/Union Territory of _____

Signature _____
 ** Designation _____
 (with seal of office)

Place _____
 Date _____

* Please delete the words which are not applicable

@ Please quote specific presidential order

% Delete the paragraph which is not applicable.

NOTE: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

**** List of authorities empowered to issue Caste/Tribe Certificates:**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

Annexure 10

अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारत सरकार/ Government of India
(Advt. No. AIIMS /DEO/RECT.CELL/2023-24/6275/Phase-I)

BIO-DATA-PROFORMA

Attach
Recent
Passport
Size
Photograph

Application for the post of _____ (Name of the Post) on
deputation basis at AIIMS, Deoghar.

| | | | |
|-----|--|------|--|
| 01. | Name and Address in BLOCK Letters. Fathers' Name: | : | |
| 02. | E-mail and Contact No. | : | |
| 03. | Date of Birth | : | |
| 04. | Date of entry in service | : | |
| 05. | Date of Retirement under Central / State Government Rules | : | |
| 06. | Educational Qualifications | i) | : |
| | | ii) | : |
| | | iii) | : |
| 07. | Whether educational & 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) | : | |
| | Qualifications and Experience required (As per Advertisement) | | Qualifications and Experience held by the applicant |
| | <u>Essential</u> | | |

| | <u>Experience</u> | | | | | |
|-------------------------------------|--|------------------------------------|--|--|-------------------------------------|------------|
| 08. | Please state clearly whether in the light of entries made by you above, you meet the requisite essential qualification and experience of the post. | | | | | |
| 09. | Details of employment, in chronological order. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient. | | | | | |
| Name of office/ organization | Post held on regular basis | Period of Service From- to- | Pay Scale of the post held on regular basis | Nature of appointment (whether regular or ad-hoc or deputation) | Nature of duties (in detail) | (in |
| | | | | | | |

Important: Pay Band and Grade Pay granted under MACP/ACP are personal to the employee and therefore, should not be mentioned. Only the Pay in the Pay Band and Grade Pay/Pay Scale of the post held on regular basis is to be mentioned.

Details of ACP/MACP with present Pay Band and Grade Pay, where such benefit have been drawn by the candidate may be indicated as under

| Office/Organization | Pay, Pay Band and Grade Pay drawn under ACP/MACP Scheme | From (old pay scale) | To (new pay scale) |
|---------------------|---|----------------------|--------------------|
| | | | |
| 10. | Nature of Present employment i.e. ad hoc or Temporary or Quasi-permanent or Permanent. | : | |
| 11. | In case the present employment is held on Deputation / Contract basis, please state | : | |
| (a) | Date of initial appointment | | |
| (b) | Period of appointment on deputation/ contract | | |
| (c) | Name of the parent office/ organization to which the applicant belongs | | |
| (d) | Name of the post and pay scale of the post held in substantive capacity in the parent organization | | |
| 9.1 | Note: In case of officers already employed on deputation basis, the application of such Officers should be forwarded by the parent cadre/ Department along with cadre clearance certificate, vigilance clearance certificate and integrity certificate. | | |
| 9.2 | Note: Information under column 9(c) and 9(d) above must be given in all cases where a person is holding a post on deputation outside the cadre/organization but still maintaining a lien in his parent cadre/ organization. | | |
| 12. | If any post held on deputation (including short-term contract) basis in the past by the applicant date of return from the last deputation and details | : | |
| 13. | Additional details about present employment Please state whether working under (indicate the name of your employer against the relevant Column): (a) Central Government (b) State Government (c) Autonomous Organization (d) Government Undertaking (e) University (f) Other | : | |
| 14. | Please state whether you are working in the same Department and are in feeder grade or feeder to feeder grade | : | |
| 15. | Are your in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale | : | |

| | | | |
|---|--|---|-------------------------|
| 16. | Total emoluments per month now drawn | | : |
| | Basic Pay in Pay Band/ Pay Matrix | Grade Pay/ Cell in Pay Matrix | Total emoluments |
| | | | |
| 17. | 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 |
| | | | |
| 18. | A | Additional information, if any, relevant to the post you applied for in support of your suitability for the post (This among other things may provide information with regard to (i) additional academic qualifications (ii) professional training and (iii) work experience over and above that prescribed in the vacancy circular/ advertisement. (Note: Please enclose a separate sheet, if the space is insufficient) | |
| | B | Achievement: The candidates are requested to indicate information with regard to: (i) Research publications and reports and special projects (ii) Awards/Scholarships/ Official appreciation (iii) Affiliation with the professional bodies/ institutions/ societies/ and (iv) Any research/ innovative measure involving official recognition (v) Any other information (Note: Please enclose a separate sheet, if the space is insufficient) | |
| 20. | Whether belongs to SC/ST/OBC | | |
| I have carefully gone through the vacancy circular/ advertisement and I am well aware that the information furnished in the Curriculum Vitae dully supported by the documents in respect of Essential Qualifications/ Experience submitted by me will also be assessed by the Selection Committee at the time of selection for the post. The information/ details provided by me are correct and true to the best of my knowledge and no material fact having a bearing on my selection has been suppressed/withheld. | | | |

Date:

Signature of the candidate

(Name:.....)

Countersigned

(Employer/ Cadre Controlling Authority with Seal)

Annexure 11

Certification by the Employer / Cadre Controlling Authority

The Information/ details provided in the above application by the applicant are true and correct as per facts available on records. He/She possesses educational qualification and experience mentioned in the vacancy circular. If selected, he/she will be relieved immediately.

2. Also certified that

- I. No vigilance or disciplinary case pending/ contemplated against Shri / Smt.
.....
- II. His/Her Integrity is certified.
- III. His/her APARs for the last five years are enclosed (in original)/ Photocopies of the APARs for the last five years, each page duly attested by an Officer of the rank of Under Secretary to the Government of India or above are enclosed.
- IV. No major/ minor penalty has been imposed on him/her during the last ten years (or) a list of major/minor penalties imposed on him/her during the last ten years is enclosed.

[Employer/ Cadre Controlling Authority with
seal] Name and
Designation:.....
Phone No.....
FAX No.
Office Seal.....
Place.....
Date.....

Annexure-12

CERTIFICATE FOR SERVING DEFENCE PERSONNEL

I hereby certify that, according to the information available with me
(No.)..... (Rank)..... (Name)
.....is due to complete the specified
term of his engagement with the Armed Forces on the (Date).....

Place:.....

Signature of Commanding Officer

Office Seal

Date:.....

Annexure- 13

(Confidential Report)

(For all academic personal of and above Grade of Lecture and equivalent grade i.e.
Lecturer, Assistant Professor, Associate Professor, Additional Professor and Professors)

| |
|--|
| Report on: Dr..... |
| ID #....., APAR FromTo..... |

(Only typed Performa is acceptable)

PART-I

(To be filled in by officer whose work is being reviewed)

1.1 HISTORY SHEET

| | | |
|----------------------------------|------|----------------------|
| Name | | |
| Designation | | |
| Department | | |
| Permanent Address, | | |
| Communication address | | |
| Email ID | | |
| Mobile # | | |
| DoB | | |
| Gender | | |
| Qualification | Year | University/Institute |
| | | |
| | | |
| | | |
| Awards & recognition: | | |
| 1. | | |
| 2. | | |
| Date of Joining in AIIMS Deoghar | | |
| Whether on probation (Yes / No) | | |

| | | |
|---|-----------|---------------|
| Level of Pay | | |
| Health status (Certified by MS, AIIMS Deoghar and tests from AIIMS, Deoghar only) | Submitted | Not Submitted |
| | | |
| Property Return | Submitted | Not Submitted |
| | | |

| |
|--|
| Report on : Dr..... ID #....., APAR FromTo..... |
|--|

1.2 ACADEMIC ACHIEVEMENT

(State your academic achievements that are noteworthy for year. This may include academic awards, admission to fellowship of academics etc.)

| |
|--|
| |
| |
| |

1.3 NATURE OF WORK on which you have been engaged during period of this report:

Teaching Research, Patient care etc.

Reference may be made here to any particular achievements outside scope of your official duties, such as service to cause of Medical Education or Community Welfare or National and International Service. Mention may also be made to contribution made to work of Institute outside scope of normal duties such as work on faculty, committees, organization of seminars, symposia, special lecture, looking after department stores and other administrative work in department.

(Be brief and to point; number of words MUST NOT exceed 50)

| |
|--|
| |
|--|

1.4 ACTUAL WORK LOAD: If your involvement in I & II below is only periodic then state total period spent in hours per year, otherwise mention period as desired)

1.4.1 CLINICAL LOAD:

Furnish hours per week/ year spent by you in:

| | | |
|-------|---|--|
| 1.4.1 | Patient care in outpatient service: | |
| 1.4.2 | Patient care in inpatient service: | |
| 1.4.3 | Patient care in special clinics (name clinic) | |
| 1.4.4 | In operation theatre: | |
| 1.4.5 | In case of non-clinical service departments (Pathology, Microbiology, Pharmacology, etc. indicate work-load you carry per year: | |

Report on: Dr.....

ID #....., APAR fromTo.....

1.5 **TEACHING:** (For whole year)

1.5.1 **UNDERGRADUATE**

1.5.1.1 No. of lectures / seminar allotted to you-

1.5.1.2 No. of lectures/ seminars taken by you

1.5.1.3 Hours per week spent in clinical teaching, demonstrations / tutorials -

1.5.2 **POSTGRADUATE**

1.5.2.1 Hours per week spent in clinical teaching, seminars, conference, journal Club etc. –

1.5.2.2 No. of postgraduate students writing, these under you as a chief or as a co-supervisor-

1.5.2.3 No. of postgraduate students working in your unit/department of professional training.

| | | |
|--------|--|--|
| 1.6 | RESEARCH (Use separate sheet for this column) | |
| 1.6.1 | Title of research projects in which you have been involved in previous year As: Chief Investigator | |
| 1.6.2 | Co-Investigator | |
| 1.6.3 | Title of research projects in which you were involved during year under review as: Chief Investigator | |
| 1.6.4 | Co-Investigator | |
| 1.6.5 | Extramural | |
| 1.6.6 | Intramural | |
| 1.6.7 | List your publications (Attach separate sheet if there is more than one publication. Name of all authors, with full details of each paper must be mentioned. Vancouver format should be used.” | |
| | List of papers presented by you in conference. | |
| 1.6.8 | List of papers, with you as co-Author presented in conferences (Name conference and attach separate sheet). | |
| 1.6.9 | No. of Ph.D. /D.M. /M.Ch. students Working under you as chief or co-supervisor. | |
| 1.6.10 | Please mention briefly problems which hampered you from achieving best you can. | |
| 1.7 | ANY OTHER NOTABLE SUBMISSION | |
| 1.8 | | |

Signature of Officer whose APAR is being filled

| |
|---|
| Report on : Dr..... ID #....., APAR From To..... |
|---|

PART-II

(To be field in by Reporting Officer)

2.1 Reporting Officer's name.....

Designation.....

Length of service put in by officer being reported or under Reporting Officer.

From:Apr.....to.....March.....

(Record remarks in respect of only such qualifications of which you have first-hand knowledge. Please be precise and brief. Each statement is to be commented on separately).

2.2 INTEREST

2.3 RESEARCH ABILITY:(to score on scale of 1-10, 1 being lowest and 10 being highest)

Assessment of work output (weightage to this Section would be 30%)

| | | Reporting Authority | Reviewing Authority | Initial of Reviewing Authority |
|---------------|---|----------------------------|----------------------------|---------------------------------------|
| 2.3.1 | Interest in research | | | |
| 2.3.2 | Theoretical ability and capacity to interpret data | | | |
| 2.3.3 | Experimental and Practical ability | | | |
| 2.3.4 | Originality, Capacity to produce new and good ideas | | | |
| 2.3.5 | Quality of output | | | |
| 2.3.6 | Analytical ability | | | |
| 2.3.7 | Extramural grant | | | |
| 2.3.8 | Intramural grant | | | |
| 2.3.9 | Publication | | | |
| 2.3.10 | Presentation | | | |
| 2.3.11 | Overall Grading on 'Research' | | | |

2.4 TEACHING ABILITY: (to score on scale of 1-10, 1 being lowest and 10 being highest)

Assessment of work output (weightage to this Section would be 30%)

| | | Reporting Authority | Reviewing Authority | Initial of Reviewing Authority |
|-------|----------------------|---------------------|---------------------|--------------------------------|
| 2.4.1 | Interest in Teaching | | | |

Report on : Dr.....
ID #....., APAR FromTo.....

| | | | | |
|--------|---|--|--|--|
| 2.4.2 | Power of expression, Ability to express himself clearly and concisely | | | |
| 2.4.3 | Punctuality and regularity at assigned sessions/seminars | | | |
| 2.4.4 | Effectiveness, as a teacher/as judged by peer rating/students rating | | | |
| 2.4.5 | Knowledge of current advances in his/her subject | | | |
| 2.4.6 | Popularity with students | | | |
| 2.4.7 | Attitude to work | | | |
| 2.4.8 | Sense of responsibility | | | |
| 2.4.9 | Maintenance of Discipline | | | |
| 2.4.10 | Communication skills | | | |
| 2.4.11 | Overall Grading on ‘Teaching Ability’ | | | |

2.5 PROFESSIONAL COMPETENCE / CLINICAL / LABORATORY etc. (to score on scale of 1-10, 1 being lowest and 10 being highest)

Assessment of work output (weightage to this Section would be 30%)

| | | Reporting Authority | Reviewing Authority | Initial of Reviewing Authority |
|-------|---|---------------------|---------------------|--------------------------------|
| 2.5.1 | General professional knowledge whether wide, through and up-to-date | | | |
| 2.5.2 | Competence in clinical skills or laboratory or skill pertaining to his discipline | | | |
| 2.5.3 | Leadership qualities | | | |

| | | | | |
|--------|---|--|--|--|
| 2.5.4 | Capacity to work in team spirit | | | |
| 2.5.5 | Capacity to adhere to time-schedule | | | |
| 2.5.6 | Inter-personal relations | | | |
| 2.5.7 | Overall bearing and personality | | | |
| 2.5.8 | Organising ability | | | |
| 2.5.9 | Strategic planning ability | | | |
| 2.5.10 | Decision making ability | | | |
| 2.5.11 | Coordination ability | | | |
| 2.5.12 | Initiative and drive | | | |
| 2.5.13 | Capacity to work in a team | | | |
| 2.5.14 | Overall Grading on ‘Professional Competence’ | | | |

| |
|--|
| <p>Report on : Dr.....</p> <p>ID #....., APAR From To.....</p> |
|--|

2.6 GENERAL COMPETENCE (to score on scale of 1-10, 1 being lowest and 10 being highest)

Assessment of work output (weightage to this Section would be 10%)

| | | Reporting Authority | Reviewing Authority | Initial of Reviewing Authority |
|-------|---|----------------------------|----------------------------|---------------------------------------|
| 2.6.1 | Knowledge of Rules/Regulations/ Procedures in area of function and ability to apply them correctly | | | |
| 2.6.2 | General administrative efficiency | | | |
| 2.6.3 | Integrity | | | |
| 2.6.4 | Relations with public (wherever applicable) | | | |
| 2.6.5 | State of Health | | | |
| 2.6.6 | Assessment of Officer’s overall work in his/her particular position: | | | |
| | Overall Grading on ‘General Competence’ | | | |
| 2.6.7 | Overall numerical grading on basis of weightage given in Section A, B and C in Part-3 of Report. | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

2.7 SUMMARY

| | | | |
|--------------|--|-----------|---------------|
| 2.7.1 | Property return | Submitted | Not Submitted |
| | | | |
| 2.7.2 | Training requirements <i>(Please give recommendations for training with a view to further improving effectiveness and capabilities of Officer)</i> “ | | |
| 2.7.3 | Pen Picture by Reporting Officer <i>(in about 100 words) on overall qualities of officer including area of strength, extraordinary achievements, significant failures and attitude towards weaker sections)</i> “ | | |
| 2.7.4 | Make any general comments you think desirable <i>(e.g special remarks on any characteristics not brought out. Do you agree with officer’s own account of work recorded in this report or is there anything you wish to modify or add?)</i> “ | | |
| 2.7.5 | Overall Grading on ‘Summary’ | | |

Signature of Reporting Officer.....
Designation.....
Date.....

| |
|---|
| Report on: Dr ID #, APAR From To |
|---|

NOTES FOR GUIDANCE OF REPORTING OFFICER:-

1.Preparation of reliable reports on staff is an exceedingly important duty. In fairness to staff reported on, as in interest of smooth and efficient working of Department and Institute, reports should be carefully and critically made. Reporting Officer should not discuss his assessment with anyone, except Reviewing Officer, if he requires you to do so.

2. Concentrate on one factor at a time and study implications of each factor carefully. Do not feel obliged to mark under every heading, as some of headings may be inapplicable. Do not attempt to guess any quality, which you have not been able to judge at first hand. In such cases, make no marking at all.
3. Do not be afraid of giving low markings if they are called for. No one can be equally good in every way and some low marking may be justified even for most brilliant.
4. Markings should not take account of age.
5. Do not allow any personal feelings to govern assessment. Assessment requires appraisal of an officer in terms of his ACTUAL PERFORMANCE.

PART-III

3.1 REPORT BY REVIEWING OFFICER:

- 3.1.1 Do you agree with officer's own account as recorded in this report.
- 3.2.2 Do you agree with observations of Reporting Officer?
- 3.2.3 Do you agree with reporting officer's overall assessment of officer reported upon/Column VI of Part II.
- 3.2.4 Assessment of Integrity.
- 3.2.5 Has officer been informed of any markings below.
'Normal' with which you agree? If he/she has not been, please state why?
- 3.2.6 General remarks by reviewing officer, including a note of any particular achievement.

Signature of Reviewing Officer.....
Designation.....
Date.....

Note: Reviewing Officer should normally discuss adverse markings which are below "normal" with Reporting Officer and should make suggestions for improvement, to reporting officer and, if necessary with officer reported upon and therefore, record his remarks against Column 5 and 6 above.

Remarks of Accepting Authority

4.1 Comments by Accepting Authority

Signatures of Accepting Authority..... **Date**.....
Designation.....