

अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर All India Institute of Medical Sciences, Bhubaneswar सिजुआ, डाक:डुमुडुमा,भुवनेश्वर -751019 Sijua, Post: Dumuduma, Bhubaneswar - 751019

http://aiimsbhubaneswar.nic.in

No. AIIMS/BBSR/PSY/DDAP/RECT/23

Dated: 21/12/2023

ADDENDUM TO ADVERTISEMENT OF ASST PROF AND SENIOR RESIDENT OF DDAP PSYCHIATRY

In addition to the advertisement of Assistant Professor and Senior Resident (non-academic) of Psychiatry, under DDAP, Department of Psychiatry, AIIMS Bhubaneswar vide no: AIIMS/BBSR/PSY/RECT/23, the following addendum is notified:

1. Candidates coming for an interview are requested to bring a filled-in application form, photocopies, and all necessary original documents as mentioned in the original advertisement. The application form is hereby attached.

2. The cut-off date for eligibility shall be the date of the walk-in interview (i.e., 29.12.2023). The candidates who have not completed the requisite eligibility criteria on or before the date of the walk-in interview shall not be considered eligible to appear in the interview.

3. Candidates are advised to visit our institute website regularly for the latest updates, if any.

(Dr Biswa Ranjan Mishra) Additional Professor Head of the Department, Department of Psychiatry, AIIMS, Bhubaneswar

APPLICATION FORM

Advt. No. AIIMS/BBSR/PSY/DDAP/RECT/23/

| 1. Name of the Applicant (Capital Letter) | : - | | | | |
|---|----------------------|-------------------|--|--|--|
| 2. Gender | : Male/Female/Others | | | | |
| 3. Category | : PWD/SC/ ST/OBC/UR | | | | |
| 4. Marital Status | : Married/Unmarried | | | | |
| 5. Father's /Spouse Name | : _ | | | | |
| 6. Date of Birth | : _ | | | | |
| 7. Age | ÷ | Days Months Years | | | |
| 8. Address for Communication | | | | | |
| 9. Permanent Address | | | | | |
| | Telephone No | | | | |
| | Mobile I | No.: | | | |
| 10. Nationality | : | | | | |

11. **Educational Qualification:** (Enclose self-attested photocopies of degree/diploma certificates & marksheets)

| Examination | Subjects | Board/ Council/University | Month & Year of Passing |
|----------------|----------|------------------------------|----------------------------|
| X (HSC) | | | |
| XII (HSSC) | | | |
| Diploma | | | |
| Degree | | | |
| Postgraduation | | | |
| Others | | | |

| 12. | and other achievements as a brief CV): |
|-----|--|
| | |
| | |
| | |
| | |

13. Experience (Add separate sheet if needed): (Enclose self-attested copies of experience if any)

| Name of the Organization/Institution where worked | Post | Period | | Scale of Pay & | Nature of Work |
|---|------|--------|----|--------------------|----------------|
| | | From | То | Gross Pay Drawn | Nature of Work |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

14. Name and address of two referees well known with the applicant's work:

| Name | Occupation or Position | Address with telephone No. & e-mail |
|------|------------------------|-------------------------------------|
| 1. | | |
| 2. | | |

| 15. | Any other information you wish to add: | | |
|-----|--|--|--|
| | | | |
| | | | |

DECLARATION OF THE CANDIDATE

| 1, | declare that the information furnished |
|--|--|
| above is trueand correct to the best of my know | ledge and belief and no related information has been |
| concealed. I am aware that if any of the above | statements are found to be incorrect or false or any |
| material information or particulars of relevance | e have been misstated, suppressed or omitted, I am |
| liable to be disqualified for appointment and | if appointed, my appointment will be liable to be |
| terminated." | |
| | |
| Place: | |
| Date: | (Signature of the applicant) |
| | Full Name |