



अखिल भारतीय आयुर्विज्ञान संस्थान, गुवाहाटी
All India Institute of Medical Sciences, Guwahati
Silbharal, Changsari, District- Kamrup
Assam- 781030

संख्या/No. AIIMS/GUWAHATI/FAC.RECT./2021/2974

दिनांक/ Dated : 09.09.2021

OFFLINE APPLICATION
AIIMS Guwahati Faculty- 2021

Online Application Number	
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- 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 – IV.

PASTE HERE
LATEST
SELF
ATTESTED
PHOTOGRAPH

Application for the Post of : _____
at AIIMS, Guwahati

DISCIPLINE : _____

1. Full Name (BLOCK LETTERS): _____
2. Father's/Husband's Name: _____
3. (a) Mailing Address : _____

_____ Pin _____

Fax. No. _____ Tel. No. _____

Aadhaar No. _____ Mobile No. _____

E-mail ID: _____

(b) Permanent Address : _____

_____ Pin _____

Tele. No: _____ Mobile No: _____

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

:

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

:

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

: NUMBER OF PAPERS

NATIONAL

INTERNATIONAL

Published		Accepted for publication	Presented at conference
Indexed	Non-Indexed		

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.	Particulars of Article	Impact Factor	Citations
1			
2			
3			
4			
5			

15. Chapter in books/books edited :

16. (a) Present employment/post held :

(b) Pay Scale :

(c) Total emoluments drawn :

(d) Complete Address of present Employer.

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.

NAME	STATUS	ADDRESS
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1.

2.

Note:

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

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

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**.

Date :
Place:

Signature of the candidate

NOTE:

- 1. INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT PAYMENT OF APPLICATION FEES OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED. NO APPLICATION FEES IS APPLICABLE TO SC/ST/PWBD/WOMEN CANDIDATES.**
- 2. SUBMIT ALONG WITH APPLICATION, SELF ATTESTED COPIES OF ALL DOCUMENTS TO ESTABLISH YOUR ELIGIBILITY CRITERIA FOR THE APPLIED POST SUCH AS EDUCATIONAL QUALIFICATION/EXPERIENCES AS PER ADVERTISEMENT.**

DECLARATION BY THE CANDIDATE

(Post applied for _____ at AIIMS, Bhubaneswar)

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:

Sl. No.	Particulars of enclosures	Marked Page (s)
1.	Printout of Online Application duly signed in each page.	
2.	Birth Certificate	
3.	Matriculation Certificate	
4.	Intermediate / + 2 Science	
5.	MBBS/M.Sc. Certificate	
6.	M.D/M.S/ D.N.B./Ph.D Certificate	
7.	D.M./M. Ch. Certificate	
8.	Experience Certificate(s)	
9.	Community Certificate [SC / ST / OBC (Non-Creamy Layer)]	
10.	Registration & Additional Registration with Medical Council Certificate	
11.	Disability Certificate	
12.	Any other relevant certificate(s)	



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Assam- 781030

Post applied for : _____

SELF EVALUATION

Date:

Signature of 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.36033/3/2004-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.

**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 _____
community which is recognised as a backward class under :-

- (1) Resolution No.12011/68/93-BCC© dated 10th September 1993, published in the Gazette of India - Extraordinary - part 1, Section 1, No.186 dated 13th September 1993.
- (2) Resolution No.12011/9/94-BCC dated 19th October 1994, published in the Gazette of India - Extraordinary - part 1, Section 1, No.163, dated 20th October 1994.
- (3) Resolution No.12011/7/95-BCC, dated 24th May, 1995, published in Gazette of India - Extraordinary - part 1, Section 1, No.88, dated 25th May 1995.
- (4) Resolution No.12011/44/96-BCC, dated 6th December 1996, published in Gazette of India - Extraordinary - part 1, Section 1, No.210, dated 11th December 1996.
- (5) Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.129, dated the 8th July 1997.
- (6) Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.164, dated the 1st Sept 1997.
- (7) Resolution No.12011/99/94-BCC, published in Gazette of India - Extraordinary - No.236, dated the 11th Dec 1997.
- (8) Resolution No.12011/13/97-BCC, published in Gazette of India - Extraordinary - No.239, dated the 3rd Dec 1997.
- (9) Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.166, dated the 3rd Aug 1998.
- (10) Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.171, dated the 6th Aug 1998.
- (11) Resolution No.12011/68/98-BCC, published in Gazette of India - Extraordinary - No.241, dated the 27th Oct 1999.
- (12) Resolution No.12011/88/98-BCC, published in Gazette of India - Extraordinary - No.270, dated the 6th Dec 1999.
- (13) Resolution No.12011/36/99-BCC, published in Gazette of India - Extraordinary - No.71, dated the 4th April 2000.

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) dated 09.03.2004.

Place : _____

Signature _____

Dated : _____

District Magistrate/Dy. Commissioner etc.

*Strike out whichever is not applicable

(With seal of office)

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

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

- (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner /Additional Deputy
Commissioner / Deputy Collector / 1st class Stipendiary Magistrate / Sub - Divisional Magistrate / Taluk
Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st class
Stipendiary 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.

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

2. Shri/Smt./Kumari _____ belongs to the _____ caste which
is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes
(Central List).

Signature with seal of Office:- _____

Name:- _____
Designation:- _____

Recent Passport
size attested
photograph of
the applicant

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

**Note 2: The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years 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.

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).

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, Bhubaneswar. 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, Bhubaneswar.**

2. Certified that he/she submitted his/her application to the Department/Office/Institution/Organization on _____ for onward transmission to AIIMS, Bhubaneswar.

No. : _____

Signature : _____

Dated : _____

Designation : _____
(Seal with Name & Designation)

Office Stamp



Paste recent
passport
sized
photograph

अखिल भारतीय आयुर्विज्ञान संस्थान, गुवाहाटी
All India Institute of Medical Sciences, Guwahati

BRIEF OF THE CANDIDATE

Name								
Post Applied For								
Department/Discipline								
Date of Birth		Year	Month	Day	Age as on	Year	Month	Day
							
Educational Qualification :								
Qualification	Year of Passing	No. of Attempts	Institution					
H.S.C								
+2 Science								
MBBS/B.Sc.								
M.D./M.S./M.Sc.								
D.M./M.Ch/PhD								
D.N.B								
PGDND								
Experience(Teaching/Research) :								
Level/Designation	From	To	Duration (Year/ Month/Day)	Organisation/Institution				
Paper Publications :								
Published in	Indexed	Non-Indexed	Accepted of Publication	Presented at Conferences				
National								
International								
Total								
Chapter in Books								
Awards/Recognitions								
Any other information								
Notice period required for joining								

Date :

Signature of the Candidates
(Contd...)

Details of Best Five Publications :	
1	
2	
3	
4	
5	

Date :

Signature of the Candidates