

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) कल्याणी

All India Institute of Medical Sciences (AIIMS) Kalyani

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक सांविधिकनिकाय)

(A Statutory Body under the Aegis of Ministry of Health and Family Welfare, GOI)

राष्ट्रीय राजमार्ग - 34, बसन्तपुर, सागूना, कल्याणी, ज़िला - नदिया, पश्चिम बंगाल - 741245

NH-34 Connector, Basantapur, Saguna, Kalyani, District Nadia, West Bengal 741245

No. AIIMS/KALYANI/RECT./SR-TUTOR/2019-20/104

Date: 27.09.2019

Result of Senior Resident & Tutor in R/o Dept. of Biochemistry, Physiology & Community Medicine & Family Medicine: Interview held on: 25.09.2019

(Advt. No. AIIMS/Kalyani/Fac./Rect/268/7153,

Dated: 22.01.2019)


The following candidates have been selected based on the recommendation of the Selection Committee for appointment as Senior Residents / Tutor on tenure basis, in R/o. following departments: -

SENIOR RESIDENT (NON-ACADEMIC):

| SL.No. | NAME OF THE CANDIDATE | DEPARTMENT | CATEGORY |
|--------|-----------------------|--------------------------------------|----------|
| 1. | Dr. Rituparna Paul | Biochemistry | UR |
| 2. | Dr. Parnava Das | Community Medicine & Family Medicine | UR |

TUTOR (NON-ACADEMIC)

| SL.No. | NAME OF THE CANDIDATE | DEPARTMENT | CATEGORY |
|--------|----------------------------|--------------------------------------|----------|
| 1. | Dr. Chandramallika Paul | Biochemistry | UR |
| 2. | Dr. Sasi Kala Thallapaneni | Biochemistry | UR |
| 3. | Dr. Souvik Manna | Community Medicine & Family Medicine | UR |
| 4. | Mrs. Debalina Sahoo | Physiology | UR |
| 5. | Ms. Rajathi R | Physiology | UR |


Col. Sree Krishna
Dy. Director (Admin)
AIIMS, Kalyani

Dated :...../...../.....

To

**The Director,
AIIMS, Kalyani, West Bengal**

**Sub: Submission of acceptance for Joining in AIIMS Kalyani
as.....**

Dear Madam,

With reference to your Offer of Appointment Letter No.....
dated....., I hereby accept the Offer of Appointment and all the terms & condition as
contained therein. A set of self attested certificates of my all qualifications and experiences
are also enclosed.

I thank you once again for providing me the opportunity to serve the Institute. I will
join immediately as per the scheduled period given in Offer of Appointment.

Yours sincerely,

Name :

Designation :

Date of Birth :.....

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CHARACTER CERTIFICATE

Certified that I have known Mr./Ms./.....
Son/Daughter of Shri..... for the
last.....yearsmonths. He/She bears a good moral character and is of
.....nationality. He/She is not related to me.

Place:
Date :

Signature :.....
Name (in Capital Letters) :.....
Designation & Address :.....
with Stamp

This certificate should be from any one of the following:
Gazetted Officer of Central or State Government.

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DECLARATION FOR CHARACTERS AND ANTECEDENTS
(It should be typed & signed by the candidate in a Rs. 10/- stamp paper)

I, Ms/Mr.....Son/Daughter/Husband/Wife
of.....presently resident at
.....declared as under :-

1. I have not ever been arrested.
2. I have not ever been prosecuted.
3. I have not ever been kept under detention
4. I have not ever been bound down.
5. I have not ever been fined by a Court of Law.
6. I have not ever been convicted by a Court of Law for any offence.
7. I have not ever been debarred from any Examination or restricted by any University or any other Education Authority/Institution.
8. I have not ever been debarred/disqualified by any Public Service Commission or Recruitment or any other Examinations/Selection.
9. No case is pending against me in any Court of Law as on date.
10. No case pending against me in any University or any other Educational Authority/Institution as on date.
11. I have never been discharge/withdrawn from any Training Institution under the Govt. or otherwise.

Based on the above declaration, I may kindly be issued provisional appointment order which is pending for verification of character antecedent from the appropriate authority.

I hereby undertake that in case of anything adverse is found in contradiction to the above declaration the provisional Offer of appointment may be cancelled without giving further opportunity.

Date:

Signature of the candidate

Name :

Permanent address :.....

.....
.....
.....
.....

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MARITAL DECLARATION

1. I, Shri/Smt./Kumari. _____ declare as under :-
- (i) That I am unmarried/a widower/a widow.
 - (ii) That I am married and have only one spouse living.
 - (iii) That I have entered into or contracted a marriage with a person having a spouse living.
Application for grant of exemption is enclosed.
 - (iv) That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.
2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date :

Signature

MEDICAL EXAMINATION REPORT

CANDIDATE'S STATEMENT & DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the Declaration appended thereto.

1. State your name in full
(In Block Letters): _____

Father's Name : _____

Photograph



2. State your Age & Birth Place : _____

3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands spitting of blood, asthma, heart disease, fainting attacks, Rheumatism, appendicitis ? : _____

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment ? :

4. History of vaccination : _____

5. Have you or any of your near relations been afflicted with gout, asthma, fits, or Insanity? :

6. Have you suffered from a degree of deafness : _____

7. Have you suffered from any form of nervousness due to over work or any other cause :

8. Furnish the following particulars concerning your family (disease trend in family and premature death if any)
: _____

Above statements are true and I have not suppressed any information.*

Candidate's Signature

Signed in my Presence Chairman of the Board

*Note : -The candidate will be held responsible for the accuracy of above statements .

*For female candidate – **Chest radiograph to be done only after gynaecology clearance.**

Report of the Medical Board on

Name of the Candidate :-

1. i) Height (Without shoes) _____ cm Weight _____ kg

Chest circumference : After full inspiration _____ cm full Expiration _____ cm

ii) Respiratory system _____

iii) Circulatory system

(a)Heart : Any organic lesions : _____

Rate Standing _____

ECG (pl attach) –date - _____ Please mention abnormality if any

(b) Blood pressure _____ pulse rate _____ spO₂ _____ in room air

iv) Nervous system : _____

v) Loco Motor system : _____

vi) Skin: (any obvious disease)

Remarks

(Name & Signature Faculty of Medicine)

2. **Eyes** : (a) Any disease : Yes (mention)/No _____

(b) Defect in colourvision : Normal/Abnormal (mention)

(c) Field of vision : Normal/Abnormal (mention)

(d) Visual acuity : _____

| | Acuity of vision | Without glass | With glass |
|----------------|-------------------------|----------------------|-------------------|
| Near Vision | Right Eye | | |
| | Left Eye | | |
| Distant Vision | Right Eye | | |
| | Left Eye | | |

Remarks

(Name & Signature of Faculty Ophthalmology)

3. Ears Inspection _____ Hearing _____ Right Ear : _____

Left Ear: _____

Glands : _____ Thyroid _____

General condition of teeth and oral cavity _____

Remarks

(Signature of Faculty Otolaryngology)

4. Abdomen : Tenderness _____ Hernia _____

(a) Palpable: Liver _____ Spleen _____ Kidneys _____

Any others _____

Genito Urinary System: Hydrocele _____ Varicocele _____

(b) Hemorrhoids _____ Fistula _____ Varicose Vein _____

(c) Lymphadenopathy (Palpable) _____

Remarks

(Name & Signature of Faculty Surgery)

5. Gynecologic history and examination(for female candidates):

Status: Single/Married

Age at menarche: yrs

History of Polycystic ovarian syndrome(PCOS): yes/no

Last visit to gynaecologist and reason of visit: yes/no

Last whole abdominal ultrasound done and indication : yes/no

Past history of Tuberculosis/ intake of ATT: yes/no

Past history of gynaecologic surgery/ intake of chemotherapy: yes/no

Menstrual cycle:

Length: Duration of flow: Regularity:

Associated dysmenorrhoea: Last menstrual period(LMP):

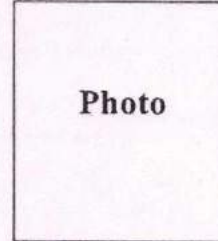
Examination: 1) lymphadenopathy/ scars/ other deformities:

2) Breasts and axilla for any evidence of Mass/ abnormal discharge:

3) Abdomen examination

Remarks

(Name & Signature of Faculty, OBST &Gyn)

CHARACTER AND ANTECEDENTS VERIFICATION FORM

| Sr. No. | Particulars | | |
|---------|---|--|-------------------------------------|
| 1. | Full name with aliases, if any (Please indicate if you have added or dropped at any stage any part of name or surname) | | : |
| 2. | Present address in full, with police station and district. | | : |
| 3. | Home/ Permanent address in full with police station and district. | | : |
| 4. | Particulars of place with periods of residence where you have resided during the preceding two years | | |
| | Period | | Address in full with P.S and Distt. |
| | From | To | |
| | | | |
| 5. | Father's name in full with aliases , if any | | Nationality: |
| | | | |
| | Place of Birth | Occupation. (If employed give designation and office address) | Present Address |
| | | | Permanent Address |
| 6. | Applicant 's Nationality | | : |

| | | | | | |
|------|--|-----------------------|--|-----------------------|--------------------------------------|
| 7. | Date of Birth: | Age at Matriculation: | | | |
| 8. | Two marks of identification | | | | |
| 9. | Educational Qualification showing places of education with yrs in school & colleges since 15 yrs of age. | | | | |
| | Name of School /Colleges with full address | Period | | Examination Passed | |
| | | From | To | | |
| | | | | HighSchool/SSC/Matric | |
| | | | | Intermediate | |
| | | | | Graduate | |
| | | | | Post Graduate | |
| 10 | Give full particulars with details of previous & present employments up-to -date: | | | | |
| | Period | Designation | Full name & address of employer/organization | Nature of employment | Reason for leaving previous services |
| | | | | | |
| 11. | If the previous employment was under the Govt. of India / State Govt. | | | | |
| | Undertaking owned of controlled by Govt./ or autonomous body/ | | | | |
| | University / local body, state briefly whether you had been terminated/ | | | | |
| | Removed /dismissed from service on any disciplinary proceedings/ | | | | |
| | Charges or had you been called upon to explain your conduct in any matter before or at a subsequent date of your actual termination/ | | | | |
| | Dismissal/removal retirement, etc. | | | | |
| 12.a | Have you ever been arrested? | Yes | No | | |
| b. | Have you ever been prosecuted? | Yes | No | | |
| c. | Have you ever been kept under detention? | Yes | No | | |
| d. | Have you ever been bound down? | Yes | No | | |
| e. | Have you ever been fined by a court of law? | Yes | No | | |

| | | | |
|-----|--|----------|----|
| f. | Have you ever been convicted by a Court of law ? | Yes | No |
| g. | Is any case pending against you in any Court of law ? | Yes | No |
| h. | Whether discharged/expelled withdrawn from any training institution under the Govt. or otherwise ? | Yes | No |
| 13. | Names & address of two responsible persons other than relatives to whom you are known | 1. 2. | |

I certify that, the informations mentioned above are correct and complete to the best of my knowledge and belief.

Counter signature of
Employer/authorised
Signatory with stamp

Signature of applicant
Date _____
Place _____

ANNEXURE 2

(To be produced by eligible candidates only on Rs.10 non-judicial stamp paper, duly signed)

I, Dr. _____ aged _____ years, S/D/W/o of _____ Address _____
Mobile No. _____, email ID _____

do hereby solemnly declare as follows:

1. That I have passed my 10th examination in the year _____ as per certificate issued by Board. My Date of birth is _____
2. All my qualifying degrees (MBBS, MD/MS, MCH/DM) as declared by me on my application are recognized by MCI.
3. The Institute/College from which I have obtained my qualifying degree are recognized by MCI in that particular year in which I passed my qualifying degree. There is no legal lacuna regarding the recognition of my degree by MCI.
4. I have registered my MBBS degree under _____ (Name of the State Medical Council) and the registered number is _____, Year _____
5. I have registered my MD/MS/MCH/DM degree under _____ (Name of the State Medical Council) and the registered number is _____, Year _____
6. All teaching and/or research experience(s) claimed by me in the application form are valid and from institutes recognized by Medical Council of India/ Govt. of India regulatory bodies.
7. I belong to _____ category as per Government of India guidelines.
8. I am not currently employed in any government/private institution.
9. I undertake that I have not suppressed any fact and all facts submitted are true to the best of my knowledge. If any facts and figure are found wrong or concealed at any given point of time of my professional career, I may be penalized as deemed fit and my candidature to this recruitment will be treated as cancelled.
10. I also undertake that, there is no disciplinary/police case pending against me.

Deponent

Sworn before me

Deponent