

Check list for joining as:**(Contractual)**

1.	Acceptance for joining AIIMS, Bhubaneswar in prescribed format.
2.	Character Certificate (two) in the prescribed format
3.	Attestation form in the prescribed format.
4.	Allegiance to the Constitution in the prescribed format.
5.	Oath of Secrecy in the prescribed format.
6.	Declaration regarding bigamous marriage in the prescribed format.
7.	Home town declaration in the prescribed format.
8.	Declaration of Dependent Family Members in the prescribed format.
9.	Declaration for SC/ST/OBC/PH in the prescribed format.
10.	Employee Date Sheet in the prescribed format.
11.	Undertaking in the prescribed format
12.	Undertaking regarding not tendering the resignation within 6 months
13.	Medical Examination Report in the prescribed format.
14.	Self attested copies of 10 th , 12 th , Degree Certificate, Regn of degree and all experience certificates.
15.	Discharge/Relieving certificate from the previous employer
16.	Affidavit on non-judicial stamp paper mentioning that all the education qualifications and teaching/research experience is from MCI recognised institutes/college.
17.	OBC certificate issued by the Competent Authority after 1 st April 2016 for OBC Candidate only.

Name : _____**Date :** _____

Dated :

To

**The Director
AIIMS, Bhubaneswar**

**Sub: Submission of acceptance for Joining AIIMS
Bhubaneswar as:_____.**

Dear Sir,

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 certificate of my all qualification and experiences are also enclosed.

I thank you once again for providing me the opportunity to serve the Institute. I will join immediately as and when intimated.

Yours sincerely,

Name_____

Designation_____

Department_____

Date of birth_____



**All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019**

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 ofnationality. He/She is not related to me.

Place:

Signature

Date :

_____ Name (in Capital Letters)

Designation & Address with Stamp

This certificate should be from any one of the following :

1. Gazetted Officer of Central or State Government;
2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
3. Sub-Divisional Magistrates/ Officers;
4. Tehsildars or Naib/ Deputy Tehsildars authorized to exercise magisterial powers;
5. Principal/Head Master of the recognized School/ College/ Institution where the candidate studied last;
6. Block Development Officer;
7. Post Masters; 8. Panchayat Inspectors



All India Institute of Medical Sciences, Bhubaneswar
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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 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 under take 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

Note : This is for sample. It should be typed & signed by the candidate in a Rs. 10/- stamp paper



**All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019**

Allegiance to the Constitution

I, do swear in the name of God/solemnly affirm that I will bear true faith and allegiance to the Constitution of India as by law established, that I will uphold the sovereignty and integrity of India, that I will duly and faithfully and to the best of my ability, knowledge and judgment perform the duties of my office without fear or favour, affection or ill-will and that I will uphold the Constitution and the laws.

Signature

Name_____

Designation_____

Department_____



All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019

FORM -I

I, _____ (name)

do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly, and with impartiality. So Help me God”.

Signature _____

Name :



**All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019**

Dated : _____

Subject: Declaration regarding bigamous marriage

I hereby declare that I have not entered into or contracted a marriage with a person having a spouse living, or who, having a spouse living, have not entered into or contracted a marriage with me.

Signature _____

Name _____

Designation _____

Department _____



**All India Institute of Medical Sciences, Bhubaneswar
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FORM

HOME TOWN DECLARATION

[OM No. 43/15/57-Estts. (A) dated 24-6-1958]

I, _____ hereby declare that my home town is at the place as shown below for the purpose of availing Leave Travel Concession for self and family as notified in the Govt. of India, Ministry of Home Affairs, New Delhi O.M. No.43/1/55/Estts - (A) Part-II dated 11-1-1956.

Home Town/Place of visit	Nearest Rly Station	District/Town & State	Remarks

Signature

Name _____

Designation _____

Department _____

Countersigned by _____

Head of Office



All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019

Date: _____

Declaration on Dependent Family Members

(1) Personal Details:

1	Name	
2.	Designation	
3.	Date of Birth	
4	Date of appointment	

(2) Details of the Dependent Family Members:

S. No	Name(s) of the member(s) of the family*	Date of birth	Age as on date	Relationship	Marital Status	Place mention the category: (a)Employed (b)Pensioner (c) Family Pensioner (d)Others	Personal Annual Income of the dependent

(*) (i) I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration. (ii) Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.[http://persmin.gov.in/pension/rules/pencomp7.htm#Family_Pension,_1964] (iii) Wife and husband shall include respectively judicially separated wife and husband. (iv) A self-certified proof of Date of Birth is enclosed in respect of dependent Brothers/Sisters, if any.

Signature of the employee

(3) For the use of controlling unit/office of the HOD Forwarded

Forwarded	Recommended
Section/Unit I/C	HOD

(4)Administrative Approvals:

Checked	Verified & submitted for approval	Approved as per rules
Dealing Assistant	Assistant Registrar (Admin)	DDA/Director

Fax E-mail

Telephone Office:

Residence:

Mobile

Day

Month

Year

6. Date of Birth

7(a). Nationality:

7. (b) Category: SC ST OBC Gen

8. Academic Record starting with Secondary Education:

Examination	Branch/Specialization	College/university/Institute	Year	% of Marks/Grade	Division

9. Professional Experience Record:

Name of Institution/University	Position Held	Date of Joining	Date of Leaving

10. Please provide your family details (dependents only)

S.No	Name	Date of Birth	Relationship	Present occupation

DECLARATION

I, _____ hereby, declare that all entries in this form are true to the best of my knowledge and belief.

Date:

Signature of the employee



**All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019**

UNDERTAKING

1. The furnishing of the false information or suppression of factual information in on my joining would be a disqualification and is likely to render the candidate unfit or employment under the Government.
2. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service I would be liable to be terminated.
3. The experiences as mentioned on my online application are teaching/research experiences and the same is recognised by MCI/Govt of India. In case it is found that the same is not recognised by MCI/Gol at any stage, my appointment may be cancelled.
4. I also declare that I possess all requisite qualification and experiences as per the requirement of the advertisement and in case it is found that I am not fulfilling any eligibility criteria, my appointment may be treated as celled.

Signature with Date

Name :



**All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019**

UNDERTAKING NOT TENDERING RESIGNATION WITHIN 6 MONTHS

1. I will not tendering resignation within 6 months after joining AIIMS Bhubaneswar.

Signature with Date

Name :-----

Before the Notary Public, Bhubaneswar

AFFIDAVIT

I Mr/Ms _____ aged about _____ years, Son/daughter of _____ resident of _____, do hereby solemnly affirm and state as under:-

1. That I am the deponent of this affidavit.
2. That I do hereby declare that I am not indulged or doing private practice of any kind including laboratory and nursing practice.
3. That presently I am not working at any other Institutions or Medical College or Government/Autonomous/Semi Government Organisation. I have been relieved by the Institution where I was working previously before joining AIIMS Bhubaneswar.
4. That I have passed GNM in the year _____ and _____ from the year Institute which is registered in the State Nursing Council.
5. That I am not drawing any salary/pension from any source other than AIIMS, Bhubaneswar.
6. That this affidavit is required to be produced before the Director, AIIMS, Bhubaneswar for necessary action.
7. That all educational qualifications are from MCN/State Nursing Council recognised Institutes/college.

That the facts stated above are true to the best of knowledge and belief.

Deponent

Deponent

Notary Public, Bhubaneswar



**All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019**

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 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 under take 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

Note : This is for sample. It should be typed & signed by the candidate in a Rs. 10/- stamp paper.

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 : _____
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. I 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)

Photograph



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 colour vision: 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)

6. Hematology, Blood Sugar, Urine analysis report (To be attached)

Blood group and Rh factor –(if known)

Remarks (Please mention if any major abnormalities)

(Name & Signature of Faculty, Biochemistry)

7. Report of screening chest radiograph (no- date-)

(Name & Signature of Faculty Radiodiagnosis)

8. Mention if there is anything in the health of the candidate likely to render him/her unfit?

Note: Record their finding under one of the following categories and strike out others

- (i) Fit
- (ii) Unfit on the following reasons _____
- (iii) Temporarily unfit on account of _____

Chairman Medical Board
Seal/Name

Dated : _____

Special medical board opinion (if required)

OFFICE OF THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHUBANESWAR (ODISHA)

ATTESTATION FORM

WARNING:- The furnishing of false information or suppression of factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for employment under the Government.

2. If detailed, convicted, debarred etc. subsequent to the completion and submission of this Form the details should be communicated immediately to the Ministry of Health & Family Welfare, Government of India, New Delhi or the authority to whom the attestation form has been sent earlier, as the case may be failing which it will be deemed to be a suppression of factual information.

3. If the fact that false information has been furnished or that there has been suppression of any factual information on the attestation form comes to notice at any time during the service of a person, his/her service would be liable to be terminated.

1. Name in full (in block capitals) with address, if any, please indicate if you have added or dropped in any stage any part of your name or surname.

SURNAME

NAME

2. Present address, in full (i.e. Village, Thana & District or House No., Lane, Street, Road & Town)

3 (a) Home Address in Full (i.e. Village, Thana & District or House No., Lane, Street, Road Town & name of the District Headquarters).

(b) If originally a resident of Pakistan the address in that country and the date of Migration to Indian Union.

4. Particulars of places (with period of residents) where you have resided over more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From To Residential address in full (i.e. Village, Thana & District or House No., Lane, Street, Road & Town)

Name of the District Headquarters of the place mentioned in the preceding Column

5(a).	Name in full (Aliases, if any)	Nationality (by birth and/or by domicile)	Place of Birth	Occupation if employed give designation & official address	Present Postal address if dead give a last address	Permanent Home address
i)	Father					
ii)	Mother					
iii)	Wife/Husband					
iv)	Brothers					
v)	Sisters					

5.(a) Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a Foreign Country.

Name	Nationality (By birth / domicile)	Place of Birth	Country in which studying with full address	Date from which studying/living in the country mentioned in previous column

6. Nationality of the candidates

7. (a) Date of Birth
(b) Present Age
(c) Age at Matriculation

8. (a) Place of Birth, District, and State in which situated.
(b) District and State to which you belong
(c) District & State to which your father originally belong

9. (a) Your Religion
(b) Are you a member of a Scheduled Caste/
Scheduled Tribe/OBC (Please indicate)

10. Educational qualification showing places of education with years in Schools & Colleges since 15 years of age.

Name of the School/College with full address Date of entering Date of leaving Examination Passed

11. (a) Are you holding or have any time hold on appointment under the Central Govt. or State Govt. or a Semi Govt. or a Quasi Govt. Body or an Autonomous Body or a Public Undertaking with date of employment upto date.

Period		Designation, Emoluments & nature of employment	Full name & address of employers	Reasons for leaving previous service
From	To			

11. (b) If the previous employment was under the Govt. of India, a State Govt./An Under-taking owned or controlled by the Govt. of India or a State Govt./ an autonomous body/University/Local Body. If you had left service on giving a month's notice under Rule 5 of the Central Civil Service (Temporary Service) Rules, 1965 or any similarly corresponding rules were and disciplinary proceedings framed against you or had you been called up to explain conduct in any matter at the time you gave notice of termination of service, or at subsequent date, before your service actually terminated?

12. (1)(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 for any offence? Yes/No
- (g) Have you ever been debarred from any Examination or restricted by any University or any other Educational Authority/Institution? Yes/No
- (h) Have you ever been debarred/disqualified by any Public Service Commission for any of its Examinations/Selections? Yes/No
- (i) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form? Yes/No
- (j) Is any case pending against you in any University or any other Educational Authority/Institution at the time of filling up this Attestation Form? Yes/No

12. (2) If the answer to any of the above mentioned questions is 'yes' give full particulars of the case/arrest/detention/time/conviction/statement/punishment etc. and or the nature of the case pending in the Court/University/Educational Authority etc. at the time to filling up this form.

NOTE: i) Please also see the 'WARNING' at the top of this Attestation Form.
ii) Specific answers to each of the questions should be given by striking out 'YES' or 'NO' as the case may be.

13. Name of the two responsible persons at your locality or two residents to whom you are known
- 1.
- 2.

I certify that the foregoing information is correct and complete to the best of my knowledge and believe. I am not aware of any circumstances, which might impair any fitness for employment under Government.

Place:
Date:

Signature of the Candidate