



सत्यमेव जयते

भारतसरकार/Government of India
स्वास्थ्यऔरपरिवारकल्याणमंत्रालय /Ministry of Health and Family Welfare
प्रधानमंत्रीस्वास्थ्यसुरक्षायोजना /PMSSY
अखिलभारतीयआयुर्विज्ञानसंस्थान/ All India Institute of Medical Sciences
मंगलगिरि, आंध्रप्रदेश/Mangalagiri, Andhra Pradesh
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F No:AIIMS/MG/Admin/RecruitMatt/03/Faculty/2018-19/01/

A. Payment details to be filled by all Applicants:

Issuing Bank	Transaction ID	Date	Amount	Designation Applied for

B. Payment details to be filled by Old Applicants:

Details of Payment as per Advt No.JIP/AIIMS(Man)/2018/02 dated 07.02.2018.

Issuing Bank	Transaction ID	Date	Amount	Designation Applied for

NOTE:

1. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED' IN TIMES NEW ROMAN FONT, SIZE 11 PREFERABLY, SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.
2. **BRIEF OF CANDIDATE TO BE SUBMITTED AS PER ANNEXURE – I**

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

Application for the Post of: _____
at AIIMS, Mangalagiri

DISCIPLINE: _____

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

Pin: _____

Fax. No. _____ Tel. No. _____

10. Educational Qualifications:

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

(a) **Undergraduate Career**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
Matric/S.S.C.				
Intermediate/ HSC				
B.Sc				
M.B.B.S				

(b) **Postgraduate Career:**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
M.D./M.S				
M.Sc				
D.M.*				
D.N.B.				
Ph.D.				

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

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

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

Sl.No.	Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
		From	To	Yrs.	Mths.	Days		
		Total						

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

Sl.No.	Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
		From	To	Yrs.	Mths.	Days		
		Total						

12. PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession of the award.

No.	Description

13. MAJOR INTERESTS/HOBBIE/EXTRA-CURRICULAR ACTIVITIES.

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14. 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 enrolment.

S.NO.	STATUS	NAME	DATE OF MEMBERSHIP

15. 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			
INTER-NATIONAL			

- 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 (Best five to be written here and the rest to be attached as Annexure in the given format):

Sl. No.	Particulars of Article in Vancouver style	Impact Factor	Citations
1			
2			
3			
4			
5			

16. Chapter in books/books edited : _____

17. (a) Present employment/post held : _____

(b) Pay Scale : _____

(c) Total emoluments drawn : _____

(d) Complete Address of present Employer. : _____

18. Are you willing to accept the consolidated pay offered? _____

19. If Selected, what notice period would you require before joining _____

20. 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	

21. State the foreign languages you know:

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

22. 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.

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
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- 1.
- 2.

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

24. 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-IV**.

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) ALONG WITH THE CASTE CERTIFICATE AND NOC IF APPLICABLE.**

DECLARATION BY THE CANDIDATE

(Post applied for _____ at
AIIMS, Mangalagiri).

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:

ANNEXURE-III**LIST OF ENCLOSURES:**

(Required under column 23 of the application)

S.No	Particulars of enclosures	Marked page(s)
1.	Birth Certificate	
2.	Matriculation Certificate	
3.	MBBS / M.Sc Certificate	
4.	M.D/M.S/ D.N.B./Ph.D Certificate	
5.	D.M./M Ch. certificate	
6.	Experience Certificate(s)	
7.	Community Certificate (SC,ST / OBC (Non-Creamy Layer)	
8.	Registration & Additional Registration with Medical Council Certificate	
9	Disability Certificate	
10	Any other relevant certificate(s)	

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), MANGALAGIRI

Post applied for _____

SELF EVALUATION (not more than 150 words)
(Require under Column 24 of the application)

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.

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, Mangalagiri. 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, Mangalagiri.**

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

No. _____ Signature _____

Dated _____ Designation _____

(Seal with Name & Designation)

Office Stamp

FORMAT OF POWER POINT PRESENTATION:

Name		
Post Applied for & Discipline		
DOB & Age as on 30.04.2019		
Category		
Educational Qualification		
Teaching Experience		
Present Place of Work		

Best Five Publications

1

2

3

4

5

BRIEF OF THE CANDIDATE (to be duly typed in Times New Roman Font,size 11) Advt No.
(SUBMIT 10 COPIES- Self attested,during Document verification)

Name of the Post & Department:

A. Name Age Qualifications Member of Scheduled Caste/Tribe/Backward Class	B. Present Employment with present basic Salary & Grade Notice Required for joining Whether applied through proper Channel
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C. Academic Vitae (from Matriculation on words)

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

K. References & Testimonials:

K. Work Experience along with designation, Tenure and Institute (Max last Five designations/Institute): 1. 2. 3. 4. 5. Signature of Applicant Date..... Designation
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Note: list of publications if any may be given overleaf (starting sequentially with the best five publications) in vancouver style.