



ALL INDIA INSTITUTE OF MEDICAL SCIENCES JODHPUR

Basni Phase-II, Jodhpur-342005 (Raj)

Website: <http://www.aiimsjodhpur.edu.in>

<u>Application Form for Engagement of Retired Faculty Post on Contract Basis.</u> Please enclosed extra sheet wherever required. Please attach self-attested copies of all relevant documents supporting the details mentioned in application		Affix Passport Size Photograph duly Self attested
Advertisement No.	Admn/Faculty/03/2017-AIIMS.JDH	
Name of the Department applied for		
Name of the Post		

Personal Details (in Block Letters)

Full Name (In Block Letters)	
Father's Name	
Address for Correspondence	
Permanent Address	
E-Mail Id	
Phone No.	

Date of Birth (Please Attach Document for Evidence)	D	D	M	M	Y	Y	Y	Y	Nationality	
									State to which you belong	

If Physically Challenged Candidate	Type of Handicap				Percentage Disability

Category	SC	ST	OBC	UR	

-: EDUCATION DETAILS :-

Under Graduation Details

Under Graduate Degree :
 Passing Year :
 Institute/University :

Year	Subject	Marks	Extra Attempt	Extra Attempt Subject

MCI/ State Medical Council Number :

Post-Graduation Details

Post Graduate Degree :
 Passing Year :
 Institute/University :

Year	Subject	Marks	Extra Attempt	Extra Attempt Subject

PhD / Superspecialisation Details

Superspecialisation Degree :
 Passing Year :
 Institute/University :

Year	Subject	Marks	Extra Attempt	Extra Attempt Subject

Additional Qualifications Details

S. No.	Name of Degree	Year	Institute/University	Subject	Marks	Extra Attempt	Extra Attempt Subject
1.							
2.							
3.							

Detail of Teaching Experience, in the Chronological Order (Present to Past).

Name of Organization & City	Period of Service From												Designation	Scale of Pay	Nature of work (in detail)
	From						To								
	D	D	M	M	Y	Y	D	D	M	M	Y	Y			

Detail of Work Experience, in the Chronological Order (Present to Past).

Name of Organization & City	Period of Service From												Designation	Scale of Pay	Nature of work (in detail)	
	From						To									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

List of Pubmed Indexed Publications

S. No.	Particular
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Awards

S. No.	During	Year	Awarding Body	Description
1.				
2.				
3.				

Membership/Fellowship of Academic Societies

S. No.	Membership/Fellowship of Academic Societies Name	Post	Year	Description
1.				
2.				
3.				

Note: - Please attach self-attested copies of all relevant documents supporting the details mentioned in application.

If Selected, specify the minimum required time to join the Institute.	
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DECLARATION BY THE CANDIDATE

I, _____ 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 have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any misstatement/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 reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected and my candidature is cancelled as a result thereof.

It is my responsibility to visit the website of AIIMS Jodhpur for any update(s) in reference to the advertisement or my application.

I, _____ agree to abide by the terms & conditions for appointment mentioned in Advertisement no Admn/Faculty/03/2017-AIIMS.JDH dated 03rd January, 2018.

Date:-

Place:-

Signature of Candidate