



# अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Address: Plot no.2, Sector-20, MIHAN, Nagpur- 441108

Website: <https://aiimsnagpur.edu.in>

No. AIIMS/NGP/Faculty/Admin-I/2025/02

Transaction reference no.	Date	Amount

### 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 – I**

PASTE HERE  
LATEST  
SELF ATTESTED  
PHOTOGRAPH

<b>Application for the Post of</b>	
<b>Discipline</b>	
<b>Type of Application</b> (Direct Recruitment/ Contractual Basis Retired Faculty)	

### I. **CANDIDATE DETAILS**

1	Full Name (BLOCK LETTERS as given in the Birth certificate)			
2	Father's Name			
3	Mailing Address			
4	Mobile No			
5	Telephone No.			
6	Email address			
7	Aadhar No			
8	Permanent Address			
9	Date of Birth (DD/MM/YYYY)			
10	Age (as on 29.09.2025)	<b>Years</b>	<b>Months</b>	<b>Days</b>
11	Gender			
12	Marital Status			

13	Whether Person With Disability (PwD) (Yes/No) Attach attested copy of certificate on the proforma	
14	Percentage of disability	
15	Candidate's own category	
16	Category under which applied (UR/SC/ST/OBC/EWS)	
17	Present designation and place of employment	
18	Whether currently employed in Central/State Govt./Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt.? (Yes/No)	
19	State of Domicile	
20	Nationality	
21	Religion	

## II. 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	NMC/MCI/DCI Registration No. (Valid unto date)
Matric/S.S.C.					
Intermediate/ HSC					
B.Sc					
M.B.B.S/B.D.S.					

**(b) Postgraduate Career:**

<b>Examination Passed</b>	<b>Year of Passing</b>	<b>No. of attempts</b>	<b>Class/Division</b>	<b>University/ Institution</b>	<b>NMC/MCI/DCI Registration (Y/N/NA)</b>
M.D./M.S./M.D.S.					
M.Sc.					
D.M/M.Ch.*					
D.N.B.					
Ph.D.					

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

**III. TEACHING EXPERIENCE:**

(Please attach attested copies of experience Certificates)

**After obtaining Postgraduate/Super Specialty/Ph.D. Qualification including present employment:**

<b>Sl.No.</b>	<b>Post held (indicate Temporary/ Permanent)</b>	<b>Period</b>		<b>Total period</b>			<b>Pay Scale</b>	<b>Employer's Address</b>
		<b>From</b>	<b>To</b>	<b>Yrs.</b>	<b>Mths.</b>	<b>Days</b>		
1.								
2.								
		<b>Total</b>						

**IV. ACHIEVEMENTS:**

1	Details of Prizes, Medals, Scholarships & National / International Awards etc.	
2	Additional qualification such as Membership of Scientific Society etc.	
3	Research Experience, if any, together with details of published works in indexed journals.	
4	No. of Research projects with	



13 b) Please provide a list of all your chapters in books/ books edited in chronological order:

Sl. No.	Particulars of Chapter/ Book (in Vancouver format)

14

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

Date:

Signature of the candidate

Place:

**NOTE:**

- 1. INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT DEMAND DRAFT OF THE REQUIRED AMOUNT WILL NOT BE CONSIDERED.**
- 2. SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENT REFERRED AT POINT NO.2 OF GENERAL CONDITIONS PUBLISHED IN WEBSITE ADVERTISEMENT.**

**DECLARATION BY THE CANDIDATE**

(Post applied for \_\_\_\_\_ of \_\_\_\_\_ Discipline  
at AIIMS, Nagpur).

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**

<b>S.No</b>	<b>Particulars of enclosures</b>	<b>Attached (Yes/No/Not applicable)</b>
1.	Birth Certificate (or Proof of Date of Birth)	
2.	Matriculation Certificate	
3.	HSC Marksheet	
4.	Marksheets of MBBS/M.Sc/BDS for all years	
5.	MBBS/BDS Degree Certificate	
6.	M.D/M.S./DNB/M.Sc/MDS Degree Certificate	
7.	D.M./M Ch./Ph.D Degree Certificate	
8.	Experience Certificate(s)	
9.	No Objection Certificate (NOC)	
10.	Community Certificate (SC,ST / OBC (Non-Creamy Layer/ EWS)	
11.	Income and Asset certificate in case of EWS candidates	
12.	Registration & Additional Registration with Medical Council Certificate	
13.	Disability Certificate	
14.	Any other relevant certificate(s)	

**\*The certificates should be enclosed in the specific order as mentioned above 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 \_\_\_\_\_ holds a post of \_\_\_\_\_ for the period from \_\_\_\_\_ till date on regular basis in \_\_\_\_\_ Department. **This institute has no objection to his/her application being considered for the post of \_\_\_\_\_ in the department of \_\_\_\_\_ in AIIMS, Nagpur. 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, Nagpur.**
  
2. Certified that he/she submitted his/her application to the Department /Office/ Institution/Organization on \_\_\_\_\_ for onward transmission to AIIMS, Nagpur - 440003.

No. \_\_\_\_\_ Signature \_\_\_\_\_

Dated \_\_\_\_\_ Designation \_\_\_\_\_

(Seal with Name & Designation)

Office Stamp

**DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY**

I \_\_\_\_\_ son/daughter Shri \_\_\_\_\_ 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)*

OBC-NCL Certificate Format

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD  
CLASSES (NCL)\* APPLYING FOR ADMISSION TO CENTRAL  
EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF  
INDIA**

This is to certify that Shri/Smt./Kum\*\* \_\_\_\_\_ Son/  
Daughter\*\* of Shri/Smt.\*\* \_\_\_\_\_ of Village/  
Town\*\* \_\_\_\_\_ District/Division\*\* \_\_\_\_\_ in  
the State/Union Territory \_\_\_\_\_ belongs to the  
\_\_\_\_\_ community that is recognized as a backward class under  
Government of India\*\*\*, Ministry of Social Justice and Empowerment's Resolution No.  
\_\_\_\_\_ dated \_\_\_\_\_\*\*\*\*

Shri/Smt./Kum. \_\_\_\_\_ and/or \_\_\_\_\_  
his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division  
of the \_\_\_\_\_ State/Union Territory. 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 O.M. No.  
36012/22/93- Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004  
Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated  
14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and  
again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /  
Deputy Commissioner /  
Any other Competent Authority

Dated:

Seal

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\* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.  
\*\* Please delete the word(s) which are not applicable.  
\*\*\* As listed in the Annexure (for FORM-OBC-NCL)  
\*\*\*\* The authority issuing the certificate needs to mention the details of Resolution of  
Government of India, in which the caste of the candidate is mentioned as OBC.

**NOTE:**

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
  - (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar' and
  - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides
  - (v) Certificate issued by any other authority will be rejected

Government of .....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST 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 1: 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.

*G. Srinivasan*