



# अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर

## All India Institute of Medical Sciences, Gorakhpur

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार द्वारा स्थापित एक स्वायत्त निकाय)  
(An autonomous organization under the Ministry of Health & Family Welfare, Govt. of India)

कुनराघाट, गोरखपुर, उत्तरप्रदेश-273008  
(Kunraghat, Gorakhpur, Uttar Pradesh -273008)

Application for the post of .....  
on deputation basis at AIIMS Gorakhpur.

1.	Name and address in BLOCK letters	..... ..... ..... ..... .....		Affix here recent Passport size photograph	
	2.	Father's name			
	3.	Date of birth (in Christian era)			
	4.	Date of retirement under Central/State Government Rules			
5.	Education Qualification	i)			
		ii)			
		iii)			
		iv)			
6.	Whether educational and other qualifications required for the post are satisfied (if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same).				
		<b>Required</b>	<b>Possessed by the Applicant</b>		

	<b>Essential</b>				
	<b>Desirable</b>				
7.	Please state clearly whether in the light of entries made by you above, you meet the requirements for the post				
Details of employment (in chronological order) enclose a separate sheet, duly authenticated by your signature if space below is insufficient.					
8.	Office/inst./ Organization	Post held		Pay-band and Grade pay (Scale of pay if in pre- revised scale of pay)	Nature of duties
		From	To		
9.	Nature of present employment (i.e. adhoc or temporary or quasi-permanent or permanent)				
10.	In case the present employment is held on deputation/contract basis, please state: (a) The date of initial appointment (b) Period of appointment on deputation/ contract (c) Name of the parent office/organization to which you belong				
11.	Additional details about present Employment please state whether working under (a) Central Government (b) State Government (c) Autonomous Organization (d) Government undertaking (e) University				
12.	Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale.				
13.	Total emoluments per month now Drawn.				

14	Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if space is Insufficient.	
15	Whether belongs to SC/ST/OBC (if yes, please specify)	
16	Contact nos.	1) Office
		2) Residence
		3) Mobile
		4) E-mail address
17	If selected, specify the minimum required joining time	
Signature of the Candidate		Candidate's Address:
Date:		
Countersigned:		
<p>-----</p> [ Employer /Authorized Officer]		