

अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर

All India Institute of Medical Sciences, Gorakhpur

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

> क्नराघाट, गोरखप्र, उत्तरप्रदेश-273008 (Kunraghat, Gorakhpur, Uttar Pradesh -273008)

Ref.No. AIIMS/GKP/RECT/FACULTY/2025-26/284

| | Trans | saction reference no. | | Date Amount | | | |
|----|--------------------|--|--------------------|-----------------------|----------|----|--|
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| NC | OTE: | | | | | | |
| 1. | INT APP 'TY] | AVOID ANY MIS-REPERPRETATION OF LICATION MUST IPPED', SUPPORTED PIES OF TESTIMONIALS | FA BE S WITH | CTS, THI SENT DULY | E Z | | PASTE HERE <u>LATEST</u> <u>SELF ATTESTED</u> PHOTOGRAPH |
| 2. | | EF OF CANDIDATE T PER ANNEXURE – I | O BE | SUBMITTEI | <u>)</u> | | |
| | App | lication for the Post o | of | | | | |
| | Disc | ipline | | | | | |
| | (Direct | e of Application t Recruitment/ Contractual Basis d Faculty) | S | | | | |
| | I. | CANDIDATE DETAIL | LS | | | | |
| Ī | 1 | Full Name (BLOCK LE as given in the Birth cert | | | | | |
| | 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 26.10.2025) | | Years | Months | Da | nys |
| | 11 | Gender | | | | | |
| | 12 | Marital Status | | | | | |
| L | | • | | L | | | |

| 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. <u>EDUCATIONAL QUALIFICATIONS</u>:

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

(a) <u>Undergraduate Career</u>

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution | MCI/DCI Registration No. (Valid upto date) |
|-----------------------|--------------------|-----------------|----------------|----------------------------|---|
| Matric/S.S.C. | | | | | |
| Intermediate/ HSC | | | | | |
| B.Sc | | | | | |
| M.B.B.S/B.D.S. | | | | | |

(b) Postgraduate Career:

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution | MCI/DCI Registration (Y/N/NA) |
|-----------------------|--------------------|-----------------|----------------|----------------------------|-------------------------------------|
| 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. <u>TEACHING/RESEARCH EXPERIENCE:</u>

(Please attach attested copies of experience Certificates)

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

| CLN | Post held (indicate | Period | | Total period | | | D C I | Employer's |
|--------|--------------------------|--------|----|--------------|-------|------|-----------|------------|
| Sl.No. | Temporary/ Permanent) | From | То | Yrs. | Mths. | Days | Pay Scale | Address |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
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IV. <u>ACHIEVEMENTS:</u>

| 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 | |

| | extramural funding | |
|----|--|--|
| 5 | No. of Papers presented at National conference | |
| 6 | No. of Papers presented at International conference | |
| 7 | No. of Papers published (Original articles/Review articles) | |
| 7a | PubMed Indexed | |
| 7b | Non-PubMed Indexed | |
| 8 | No. of Papers accepted for publication (Original articles/Review articles) | |
| 9 | No. of Chapter in books/books edited | |
| 10 | No. of Patents | |
| 11 | Are you willing to accept the consolidated pay offered? | |
| 12 | If selected, what notice period would you require before joining | |
| 13 | Have you been outside India for Academic Purpose? If so, give following information: | |

13 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:

| Sl. No. | Particulars of Article (In Vancouver format) | Type (Original/ Case-report etc.,) | Indexed in PubMed/other Specified |
|---------|--|------------------------------------|-----------------------------------|
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| SI. No. | Particulars of Chapter/ Book (in Vancouver format) |
|---------|---|
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| | |
| | tach attested copies of certificates/degrees in support of age, category, qualification and experien per list enclosed Annexure-III. |
| Date: | Signature of the candidate |
| Place: | |
| | |
| | |
| NOTE: | |
| 1. IN | COMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT MAND DRAFT OF THE REQUIRED AMOUNT WILL NOT BE CONSIDERED. |

DECLARATION BY THE CANDIDATE

| (Post applied forofDiscipline |
|---|
| at AIIMS, Gorakhpur). |
| |
| 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: |

LIST OF ENCLOSURES

| Sl. No | Particulars of enclosures | Attached (Yes/No/Not applicable) |
|--------|---|----------------------------------|
| 1. | Birth Certificate (or Proof of Date of Birth) | |
| 2. | Matriculation Certificate | |
| 3. | HSC Marksheet | |
| 4. | Marksheets of MBBS/M.Sc 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) | |
| 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 departmen | t of | in AIIMS, Gorakhpur. 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, Gorakhpur. | | | | | |
| | | | | | | | | |
| 2. | Certified that he/she submitted | his/her application | on to the Department /Office/ | | | | | |
| | Institution/Organization on | for onward tr | ransmission to AIIMS, Gorakhpur | | | | | |
| | -273008. | | | | | | | |
| | | | | | | | | |
| | | a. | | | | | | |
| No | | Signature | | | | | | |
| Dated | | Designation | | | | | | |
| | | (Seal with Name & | & Designation) | | | | | |

Office Stamp

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

| <u> </u> | | son/dau | ghter Shri | resident of |
|------------|--------------------------|-----------------|---------------------|---------------------------------|
| Village/ | Town/ | City/ | District | State |
| | _Community | (cert | tificate enclosed) | hereby declare that I belong to |
| the | com | munity which is | s recognized as a b | packward class by the Govt. of |
| India for | the purpose of reserva | ation in servic | es as per orders | contained in Department of |
| Personnel | and Training Office N | Memorandum N | No.36012/22/93-Es | tt(SCT) dated 8.9.1993. It is |
| also decla | red that I do not belong | to the persons | /sections (creamy | layer) mentioned in Column3 |
| of OM N | No. 36012/22/93-Estt(S | CT) dated 08 | .09.1993 and mo | dified vide Govt. of India, |
| Departme | nt of Personnel and Trai | ning OM No.30 | 6033/3/2004-Estt(1 | Res) dated 09.03.2004. |
| | | | | |
| | | | | |
| | | | | Place: |
| | | | | (Signature of applicant) |
| | | | I | Date: (In running handwriting) |

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 | / Sı | nt. / K | .um*_ | | | | | _son / | daughter of |
|--------------|----------|-----------------------|-----------|-----------------|---------|-----------------|---|----------------|----------------|--------------|----------------|------------|---|
| shri_ | | | | | | of | | village | /- | town | | | in |
| Distri | ct | | | | in | | | st | ate belongs | to | | comi | munity |
| which | is rec | ognized | as a b | ackwa | rd clas | ss under | :- | | | | | | • |
| | | | | | | | | | | | | | |
| | | | | | | | Septem | ber 1993, p | ublished in th | he Gazette | of India - E | xtraord | inary -part 1, |
| | | .186 date | | | | | | | | | | | |
| . , | | n No.120 .ted 20th | | | | 19th Octo | ber 199 | 94, published | l in the Gazet | tte of India | - Extraordin | ary – pa | art1, Section |
| . , | | n No.12 25th Ma | | | , dated | d 24th Ma | ıy, 199 | 95, published | l in Gazette | of India - | Extraordinar | y - par | t 1,Section 1, |
| | | | | |] date | d 6th Dece | ember | 1996 nuhlisi | hed in Gazett | e of India | - Extraordina | rv - nar | t 1,Section 1, |
| | | d 11th De | | | | a om bee | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1550, paolis. | nea in Gazett | e or maia | Zandordina | ry pur | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | | ished in G | azette | of India - Ex | traordinary - | No.129, da | ated the 8th J | uly 199 | 7. |
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| | | | | | | | | | traordinary - | | | | |
| | | | | | | | | | traordinary - | | | | |
| (9) Re | solutio | n No.120 | 11/12/9 | 96-BC0 | C, publ | ished in G | azette | of India - Ex | traordinary - | No.166, da | ated the 3rd A | Aug 199 | 98. |
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| | | | | | | | | | xtraordinary | | | | |
| (13) R | esoluti | on No.12 | 2011/36 | /99 - BC | C, pub | olished in | Gazette | e of India - E | xtraordinary | - No.71, da | ated the 4th A | April 20 | 00. |
| Shri/S | mt./K | um* | | | | | | and/or | his/her | family | ordina | rilv | reside(s) in |
| the | | | | \overline{D} | istrict | of the | | | | | | lso to | certify that |
| | e does | not bel | long to | the r | erson | s/section | s (Cre | eamy Lave | r) mention | ed in colu | ımn 3 (of t | he Sch | nedule to the |
| | | | | | | | | | | | | | 09.1993) and |
| | | | | | | | | | | | | | t.(Res) dated |
| | .2004. | uc Gove | JIIIIICI. | n or m | iuia, L | ж рагинс | 111 01 1 | i cisoinici a | ind training | O.IVI INO. | .50055/5/20 | 04-Est | i.(Res) dated |
| 09.03 | .2004. | | | | | | | | | | | | |
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| Place | : | | | | | | | | | | | | |
| | | | | | | Sig | gnature | e | | | | | |
| Dated | | | | | | | | | agistrate/D | y. Comm | issioner etc | : . | |
| | | | | | | (With se | | | | | | | |
| NB: (| a) The | term 'or | rdinari | ly' use | d here | will hav | e the s | ame meani | ng as in sect | tion 20 of | the Represe | entation | 1 |
| of Ped | ple's | Act., 19 | 50. | - | | | | | | | _ | | |
| | | | | | | | | | | | | | - |
| - The | Autho | orities c | ompet | ent to | issue | OBC cas | ste cer | tificates ar | e indicated | l below :- | | | |
| (i) Di | strict N | // Agistra | te / Ad | dition | al Maş | gistrate / | Collec | tor / Deput | y Commissi | oner/Add | litional Dep | uty | |
| | | | | | | | | | ite / Sub - D | | | | Magistrate |
| | | | | | | | | | w the rank o | | | | |
| | | | | | | | | | agistrate/ Pr | | | |)- |
| | | | | | | k of Tahs | | | | | | | |

(iv) Sub-Divisional Officer of the area where the Candidate and or his family resides.

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

| Certificate No | Date: |
|--|--|
| | VALID FOR THE YEAR |
| lakh (Rupees Eight Lakh of possess any of the following I. 5 acres of agricultura II. Residential flat of 10 III. Residential plot of 10 | al land and above; |
| 2. Shri/Smt./Kumarirecognized as a Scheduled | belongs to the caste which is not Caste, Scheduled Tribe and Other Backward Classes (Central List) |
| | Signature with seal of OfficeName |
| Recent Passport size attested photograph of the applicant | |
| | |

*Note1:. Income covered all sources i.e. salary, agriculture, business, profession, etc.

G. Licoaran

^{**}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.