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)

कुनराघाट, गोरखपुर, उत्तरप्रदेश–273008

(Kunraghat, Gorakhpur, Uttar Pradesh -273008)

Ref. No. AIIMS/GKP/RECT/FACULTY/2026-27/239 **Date 14.09.2026**

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

Application for the Post of	
Subject/Department	
Type of Application (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 --/--/2026)**	**Years**	**Months**	**Days**
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	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.					

(C) Indicate No. of years of the DM/Mch course (2yrs/3yrs/5yrs) and name of the Institute with full address. ……

III. TEACHING/RESEARCH EXPERIENCE:

(Please attach attested copies of experience Certificates)

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

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

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 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? (for Contractual post)	
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**

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 have attached 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 FORM RECEIVED WITHOUT FEE RECEIPT OF THE REQUIRED AMOUNT WILL NOT BE CONSIDERED.**

2. **SUBMIT ONE SELF ATTESTED PHOTOCOPY OF DOCUMENT REFERRED AT POINT NO. 2 UNDER OF GENERAL CONDITIONS PUBLISHED IN THE ADVERTISEMENT, ALONG WITH THE APPLICATION FORM.**

DECLARATION BY THE CANDIDATE

(Post applied for _____of _____Department 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:

Annexure- III

LIST OF ENCLOSURES

Sl. No.	Particulars of enclosures	Attached (Yes/No/Not applicable)
1.	Birth Certificate (or Proof of Date of Birth)	
2.	Matriculation Marksheet & Certificate	
3.	HSC Marksheet & Certificate	
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.	Fee Receipt	
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, 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 to the Department /Office/ Institution/Organization on _____ for onward transmission to AIIMS, Gorakhpur -273008.

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 Column3 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)*

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 recognized 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 – part1, 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 Tahsildar, and
(iv) Sub-Divisional Officer of the area where the Candidate and or his family resides.

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

*Note1:. 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