

## अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

बासनी द्वितीय चरण, जोधपुर – 342005 (राजस्थान) Basni Phase-II, Jodhpur-342005 (Raj)

## **BIO-DATA-PROFORMA**

Application for the post of \_\_\_\_\_

(Name of the Post)

on deputation basis at AIIMS, Jodhpur.

01.	Name in BLOCK Letters :		
02	Address :		
03.	Contact No. :		
04	E-mail ID :		
05.	Date of Birth		:
06.	Date of entry in service		:
07.	Date of Retirement under Central / Government Rules	State	:
	Educational Qualifications		:
08.			:
04 05. 06. 07. 08. 09.		iii)	:
09.	Whether educational & qualifications required for the possistisfied. (if any qualification has treated as equivalent to the prescribed in the Rules, state authority for the same)	been one	:
	Qualifications and Experienc required (As per Advertisement		Qualifications and Experience held by the applicant
	<u>Essential</u>		

	<u>Experience</u>	
10.	Please state clearly whether in the light of entries made by you above, you meet the requisite essential qualification and experience of the post.	:
11.	Details of employment, in chronological or signature, if the space below is insufficient	rder. Enclose a separate sheet, duly authenticated by your t.

Name of office/ organization	Post held on regular basis	Period of Service From- to-	Pay Scale of the post held on regular basis, Pay Matrix (7 <sup>th</sup> CPC) and Grade Pay (6 <sup>th</sup> CPC)	Nature of appointment (whether regular or ad-hoc or deputation	Nature of duties (in detail)

**Important:** Pay Band and Grade Pay granted under MACP/ACP are personal to the employee and therefore, should not be mentioned. Only the Pay in the Pay Band and Grade Pay/Pay Scale of the post held on regular basis is to be mentioned.

Details of ACP/MACP with present Pay Band and Grade Pay, where such benefit have been drawn by the candidate may be indicated as under

Office/Organization	Pay, Pay Band and Grade Pay drawn under ACP/MACP Scheme	To (new pay scale)

12.		of Present employment i.e. ad hoc or ary or Quasi-permanent or Permanent.	:			
		he present employment is held on Deputation et basis, please state	:			
12.	(a)	Date of initial appointment	:			
	(b)	Period of appointment on deputation/ contract	:			
13.	(c)	Name of the parent office/ organization to which the applicant belongs	:			
	(d)	Name of the post and pay scale of the post held in substantive capacity in the parent organization	:			
	<ul> <li>Note: In case of officers already employed on deputation basis, the applicat</li> <li>13.1 officers should be forwarded by the parent cadre/ Department along with cadr</li> <li>certificate, vigilance clearance certificate and integrity certificate.</li> </ul>					
	13.2	Note: Information under column 13(c) and 13 a person is holding a post on deputation maintaining a lien in his parent cadre/ organiz	outside the cadre/organization but still			
14.	If any post held on deputation (including short-term contract) basis in the past by the applicant date of : return from the last deputation and details					
15.	Please sta of your e (a) ( (b) 5 (c) 4 (d) ( (e) 1	al details about present employment ate whether working under (indicate the name employer against the relevant Column): Central Government State Government Autonomous Organization Government Undertaking University Other	:			
16.		tate whether you are working in the same ent and are in feeder grade or feeder to feeder	:			
17.	from wh	in revised scale of pay? If yes, give the date ich the revision took place and also indicate evised scale	:			

19. o	Scales, the latest sala enclosed	Grade Pay/ Cell in Pay Matrix elongs to an organization which is not following ary slip issued by the organization showing the					
19. o	Scales, the latest sala enclosed	ry slip issued by the organization showing the					
	of pay and rate of increment	Dearness Pay/ Interim relief/ other allowances etc. (with break-up details	Total emoluments				
	Additional information, if any, relevant to the post you applied for in support of your suitability for the post (This among other things may provide information with regard to         A       (i) additional academic qualifications (ii) professional training and (iii) work experience over and above that prescribed in the vacancy circular/ advertisement. (Note: Please enclose a separate sheet, if the space is insufficient)						
20. J	B (i) Achievement: The candidates aregard to: (i) Research pu (ii) Awards/Sch (iii) Affiliation societies/ are (iv) Any resear recognition (v) Any other i (Note: Please e insufficient						

I have carefully gone through the vacancy circular/ advertisement and I am well aware that the information furnished in the Curriculum Vitae dully supported by the documents in respect of Essential Qualifications/ Experience submitted by me will also be assessed by the Selection Committee at the time of selection for the post. The information/ details provided by me are correct and true to the best of my knowledge and no material fact having a bearing on my selection has been suppressed/withheld.

Attach Recent Passport Size Photograph

Date:

Signature of the candidate Name:-

## Countersigned

(Employer/ Cadre Controlling Authority with Seal)

## **Certification by the Employer / Cadre Controlling Authority**

The Information/ details provided in the above application by the applicant are true and correct as per facts available on records. He/She possesses educational qualification and experience mentioned in the vacancy circular. If selected, he/she will be relieved immediately.

- 2. Also certified that
  - I. No vigilance or disciplinary case pending/ contemplated against Shri/ Smt.\_\_\_\_\_
  - II. His/Her Integrity is certified.
  - III. His/her APARs for the last five years are enclosed (in original)/ Photocopies of the APARs for the last five years, each page duly attested by an Officer of the rank of Under Secretary to the Government of India or above are enclosed.
- IV. No major/ minor penalty has been imposed on him/her during the last ten years (or) a list of major/minor penalties imposed on him/her during the last ten years is enclosed.

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[Employer/ Cadre Controlling Authority with seal]
Name and Designation:
Phone No
FAX No
Office Seal

Place:				
Date:				