

To,

**The Director,
All India Institute of Medical Sciences,
Tatibandh, G.E. Road, Raipur (C.G.)**

**Sub: - Joining for the post of _____ in the All India Institute of
Medical Sciences, Raipur (C.G.).**

Dear Sir,

In pursuance to the offer of appointment No. _____,
_____ dated _____, I hereby report for joining as _____
_____ in the Department of _____
_____ from (date) _____ (Forenoon/Afternoon).

I understand and accept the Terms & Conditions of employment that has been
explained in the offer of appointment.

It would be kind enough, if you accept this joining letter.

Yours sincerely,

Name : _____

Address: _____

Mobile No: _____

Email ID: _____

(_____)

Signature

Date: _____

संविधान के प्रति निष्ठा,घोषणा पत्र एवं गोपनियता की शपथ

मैं सत्यनिष्ठा से घोषणा करता/करती हूँ कि मैं किसी ऐसे निकाय अथवा संगठन का/की न सदस्य हूँ अथवा ना ही मेरा उससे किसी भी प्रकार का सम्बन्ध रहा है जिसे गैर-कानूनी घोषित किया गया हो। किसी भी संस्था का गैर-कानूनी घोषित किए जाने के बाद मैंने ना ही ऐसी किसी संस्था में कभी भाग लिया है एवं ना ही ऐसी किसी संस्था की किसी भी प्रकार की गतिविधी अथवा कार्यक्रम से प्रत्यक्ष अथवा अप्रत्यक्ष रूप से सम्बन्ध रहा/रही हूँ जिसका उद्देश्य:-

- 1) भारतीय संविधान का उच्छेदन करना रहा हो,
- 2) सामूहिक रूप से कानून का भंग अथवा उल्लंघन करना रहा हो,
- 3) भारत की एकता तथा प्रभुसत्ता के विरुद्ध अथवा देश की सुरक्षा के विरुद्ध रहा हो,
- 4) धर्म, जाति, भाषा, वंश अथवा समुदाय के नाम पर विभिन्न लोगों के वर्गों के विद्वेष अथवा घृणा की भावना को बढ़ावा देना रहा हो।

प्रमाणित किया जाता है कि मैंने संशोधित केन्द्रीय सिविल सेवाओं (आचरण) नियमावली, 1964, अन्य नियमावलियों एवं अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.) संबंधी नियमों/अधिनियमों को पढ़ तथा समझ लिया है।

मैं शपथ लेता/लेती हूँ, तथा सत्यनिष्ठा से पुष्टि करता/करती हूँ कि मैं कानून द्वारा प्रतिस्थापित भारत के संविधान के प्रति स्वामिभक्त एवं निष्ठावान रहूंगा/रहंगी। मैं भारत की एकता तथा प्रभुसत्ता को कायम रखूंगा/रखूंगी तथा मैं अपने कार्यालय के कार्य को वफादारी, ईमानदारी और निष्पक्षता से करूंगा/करूंगी।

(हस्ताक्षर)

नाम:

स्थान :

दिनांक :

Form 1: Employee Personal Information

Name of Department: _____

Employee Personal Information

First Name : _____

Middle Name : _____

Last Name : _____

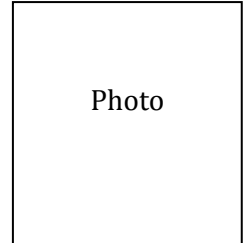
Date of Birth : _____

Father /Mother/husband Name: _____

Gender: Male/Female

Marital Status: _____

Identity Mark: _____



**** Mark the attached documents**

Medical Fitness Character Certificate

Height (in c.m.s.): _____

Cast: _____ Category: _____

Religion: _____ Blood group: _____

Home State: _____ Home District: _____

Home Office Type: _____ Home Office Name: _____

Contact No (In Case of Emergency) Nearest Railway St.: _____

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Employee Office Details:

Current Designation: _____

Current Office: _____

Signature of the candidate _____

Form 2: Employee Address Information

Name of Department: _____

Present Address Detail

Present Address: _____

State: _____

District : _____

Block: _____

Panchayat : _____

Pin Code: _____

Phone Number: _____

E-mail(if any)_____

Mobile Number: _____

Permanent Address Detail

Present Address: _____

State: _____

District : _____

Block: _____

Panchayat : _____

Pin Code: _____

Phone Number: _____

E-mail(if any)_____

Mobile Number: _____

Joining Details

Date of Appointment: _____ Order Number: _____

Office name at the time of initial joining in Dep't: _____

Date of Joining in the Dep't: _____ Initial Designation: _____

Mode of Recruitment: _____ Class: _____

Employee Type: _____

(_____)
Name & Signature

Affix Passport Size
Photograph

WARNING: 1. The furnishing of false information or suppression of any factual information in Attestation Form would be a disqualification and is likely to render the candidate unit employment under the Govt.

2. If detained convicted debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediate to the All India Institute of Medical Sciences, Tatibandh, G.E. Road, Raipur (Chhattisgarh) or the authority to whom the attestation form has been sent earlier, as the case may be, falling which it will be deemed to be a suppression of fractural information.
3. If the fact that false information has been furnished or that there has I finished or that here has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person, his services would be liable to be terminated.

1. Name in full (in block capitals) With aliases, if any (please indicate if you have added or Dropped in any stage any part of your name or summate)	SURNAME	NAME
2. Present Address in full (i.e. Village, Thana and District or House Number Lane/Street/Road and Town).		
3. (a) Home Address in full (i.e. Village, Thana and District or House Number, Lane/Street/Road and Town and name of District Headquarters)		
(b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union.		

4. Particulars of places (with periods of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential address in full (i.e. village Thana and District or house Number Lane/Street/Road and Town).	Name of the District Head Quarter of the Place mentioned in the Preceding Column.

Signature of the candidate_____

S. No.	Name	Nationality by birth and/or by domicile	Place of Birth	Occupation (if employed provide designation & Official Address)	Present Address	Permanent Home Address
1) Father						
2) Mother						
3) Wife/ Husband						
4) Brother (S)						
5) Sister (S)						

Signature of the candidate_____

5. (a) Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country.

Name	Nationality by birth or domicile	Place of Birth	Country in which studying/living with full address	Date from which studying/ living in the country mentioned in previous Col.

6. Nationality : _____

7. (a) Date of Birth (a) _____

(b) Present Age (b) _____

(c) Age at Matriculation (c) _____

8. (a) Place of birth, District & state in which situated (a) _____

(b) District and State to which you belong (b) _____

(c) District and state to which your father originally belongs (c) _____

9. (a) Your religion (a) _____

(b) Are You a member of Scheduled Cast/
Schedule Tribe? Answer 'Yes' or 'No' (b) _____

10. Educational Qualifications showing places of education with years in Schools and Colleges 15th year of age:

Name of School/ College with full	Year of Admission	Year of Passing	Examination(s) Passed

Signature of the candidate _____

11. (a) Are you holding or have anytime held an appointment under the Central or State Govt. or semi-Govt. or a quasi- Govt. Body or an autonomous body or a public undertaking or a private firm or institution ? If so, five particulars with date of employment up-to date.

Period		Designation, employments and nature of employment	Full name and address of employer	Reasons for leaving previous service
From	To			

11. (b) If the previous. Employment was under the govt. of India or a State Govt. /an undertaking owned or controlled by the Govt. of India or a State govt./an autonomous body/University Local body.

If any had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain you conduct in any matter at the time you gave notice of termination of service or at a subsequent date, before your service actually terminated ?

- 12.(a) Have you ever been arrested? Yes/No(____)
- (b) Have you ever been prosecuted? Yes/No(____)
- (c) Have you ever been kept under detention? Yes/No(____)
- (d) Have you ever been bound down? Yes/No(____)
- (e) Have you ever been fined by a Court of Law? Yes/No(____)
- (f) Have you ever been convicted by a Court of Law for any offence? Yes/No(____)
- (g) Have you ever been debarred from any examination or rusticated by any University Or any other educational authority/institution? Yes/No(____)
- (h) Have you ever been debarred/disqualified by any Public service Commission/Institute of Secretariat Training & Management/Subordinate Services Commission, for any of their examinations/selections? Yes/No(____)
- (i) Is any case pending against you in any court of law at the time of filling up this Attestation Form? Yes/No(____)
- (j) Is any case pending against you in any university or any other educational authority /Institution at the time of filling up this Attestation Form? Yes/No(____)

Signature of the candidate_____

If the answer to any of the above mentioned question is "Yes" give full particular of the case/arrest/detention/fine/conviction/sentence/punishment etc. and /or the nature of the case pending in the Court/University/Educational Authority etc., at the time of filling up this form.

Note: (i) Please also see the "warring" at the top of this attestation Form.

Specific answers to each of the questions should be given by striking our "Yes" or "No" as the case may be.

13. Name of two responsible persons of your
Locality or two references to whom you are
known.

1. _____

2. _____

I Certify that the foregoing information is correct and complete to the best of my knowledge and belief, I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of Candidate _____

Date _____

Place _____

MARITAL STATUS DECLARATION

I, _____ declare
as under:-

- (i) That I am Bachelor/Widower/Married (_____).
- (ii) That I am married and have only one wife/husband living/that I am married to a person who has other wife living.
- (iii) That I am married and have more than one wife.

That I am married to a person who has another wife living I request that in view of the reasons stat below:

I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than wife living or having married to a person having more than one wife living.

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment I Shall be liable to be dismissed from Service.

(_____)

Signature

Dated _____

IDENTITY CERTIFICATE

(Certificate to be signed by any one the following)

- (i) Gazetted officers of Central or State Government
- (ii) Members of Parliament of State legislature belonging to the constituency where the candidate or parent/guardian is ordinary resident:
- (iii) Sub-Divisional Magistrates/Officers:
- (iv) Tehsildars or Naib/Deputy Tehsildars authority to exercise magisterial powers:
- (v) Principal/Head-Master of the recognized School/College/Institution Where the candidate studied last:
- (vi) Block Development Officer:
- (vii) Post – Masters :
- (viii) Panchayat Inspectors :

Certified that I have known Shri/Smt/Kumari/Dr. _____
son/daughter /Husband of Shri _____ for
the last _____ Year _____ months and that to the best of my
knowledge and belief the particulars furnished by him/her are correct.

Place _____

Signature _____

Date _____

Designation or status and address

(Seal)

TO BE FILLED BY THE OFFICE

- (1) Name, designation and full address of _____
The appointing authority. _____
- (2) Post for which the candidate is being considered. _____

CERTIFICATE OF CHARACTER

This is to certify that, I have known Dr./Mr./Mrs./Ms _____
_____ Son/Daughter/Husband of Shri _____
_____ for the last _____ years _____ months and that to the best of my
knowledge and belief he/she bears reputable character and has no antecedents which
render him unsuitable for employment in this institute.

Dr./Mr./Mrs./Ms. _____ is not related to me.

Place: _____

Signature _____

Dated: _____

Designation _____

Dist. Magistrate or Sub-Divisor

Magistrate or Gazette Officer

(Seal)

CERTIFICATE OF CHARACTER

This is to certify that, I have known Dr./Mr./Mrs./Ms _____
_____. Son/Daughter/Husband of Shri _____
_____ for the last _____ years _____ months and that to the best of my
knowledge and belief he/she bears reputable character and has no antecedents which
render him unsuitable for employment in this institute.

Dr./Mr./Mrs./Ms. _____ is not related to me.

Place: _____

Signature _____

Dated: _____

Designation _____

Dist. Magistrate or Sub-Divisor

Magistrate or Gazette Officer

(Seal)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR

HOME TOWN DECLARATION FORM

[OM No. 43/15/57-Estts. (A) dated 24-6-1958]

I, _____ employed as _____ in the department of _____ hereby declare that my home town is at the place as shown below for the purpose of availing myself of the Leave Travel Concession purpose.

State	District	Town	Village	Nearest Railway Station

Signature of the Government employee

Signature of Head of Office

Date:

Designation:

Nomination by:

Designation:

Date of receipt of nomination:



हिन्दी भाषा जानकारी प्रपत्र (Hindi Information Proforma)

नाम (हिन्दी में) -

Name (In English) -

पदनाम-

Designation-

विभाग-

Department-

योग्यता-

Qualification -

क्या आपके 10 + 2 परीक्षा में हिन्दी भाषा एक विषय के रूप में शामिल था। (हां या नहीं)

Did you have Hindi as a subject in your 10+2 Exam. Yes or No. (Please Tick)

क्या आपके स्नातक शिक्षा में हिन्दी भाषा एक विषय के रूप में शामिल था। (हां या नहीं)

Did you have Hindi as a subject during your Graduation. (Please Tick)

क्या आपके स्नातकोत्तर शिक्षा में हिन्दी भाषा एक विषय के रूप में शामिल था। (हां या नहीं)

Did you have Hindi as a subject during your Post Graduation. (Please Tick)

क्या आपको हिन्दी टाईपिंग का ज्ञान है। (हां या नहीं)

Can you type in Hindi. (Please Tick)

क्या आप हिन्दी लिखना, बोलना व पढ़ना जानते हैं। (हां या नहीं)

Can you do Write, Speak and Read Hindi. (Please Tick)

यदि आपके 10 + 2 स्तर, स्नातक स्तर, स्नातकोत्तर स्तर, पर हिन्दी एक भाषा के रूप में शामिल नहीं था, तो उसके स्थान पर कौन सा विषय था। (हां या नहीं)

If you did not have Hindi as a subject during your 10+2, Graduation and Post Graduation then which subject was studied by you instead of Hindi. (Please Tick)

क्या आप हिन्दी सीखने के इच्छुक हैं। (हां या नहीं)

Are you willing to learn Hindi. (Please Tick)

कृपया यह प्रपत्र पूर्ण रूप से भरकर प्रशासनिक विभाग, द्वितीय तल में जमा करें।

Please fill this proforma and submit the same at D/o Administration, AIIMS, Raipur.

हस्ताक्षर (Signature)-

दिनांक -

केवल कार्यालयीन उपयोग के लिए (For official use only) -

कार्यसाधक अथवा प्रवीणता प्राप्त-

Identity Card Form

FORM - A

Colour Photo
(3X3 cms)
with 75% area
covered with
image of the face)
front attested by
sponsoring
authority to be

For officials of Central Govt./State Governments/
UT Administrations and their Attached/Subordinate
Officers and Undertakings/Autonomous Bodies
Owned or controlled by them.

Colour Photo
(3X3 cms)
with 75% area
covered with
image of the face)
to be pasted here
(Not to be
attested)

(Signature of the Applicant
inside the above box)

PART-I (To be filled by Applicant)

01.	Type of Identity Card	Category of Employee
	(i) Central Government	Regular/ Casual/Departmental Employee/ Service Personnel
	(ii) State Govt/UT Administration	Regular/ Casual/Departmental Employee/ Service Personnel
	(iii) Corporation/Undertaking/ Autonomous Body	Regular / Casual/Departmental Employee/ Service Personnel
02.	Name of the Applicant (IN CAPITAL LETTERS)	
03.	Designation	
04.	Pay Scale/Pay Band	
05.	Grade Pay (wherever applicable)	
06.	(a) Ministry/State Government (b) Department/Public Undertaking	
07.	Blood Group	
08.	Present Address:	Permanent Address:
09.	Date of Birth	
10.	Telephone Numbers	Mob.: Emergency:
11.	Father's/Husband's Name	
12.	Date of Superannuation	
13.	Mark of Identification	
14.	Gazetted/Non-Gazetted	
15.	Reasons for issue	
	(i) Renewal	(ii) Loss/Mutilation
	(iii) Change in designation	(iv) Fresh appointment
	(v) Transfer	(vi) any other (specify)

1. Certified that the aforesaid information is correct.
2. The Old Identity card No.AO 01 valid upto Feb 2015 is hereby enclosed or the old Identity Card is lost and the matter has been reported to the Police vide receipt No. _____ dated _____ enclosed.
(Delete whichever is inapplicable)

Signature of the Applicant :

Date :