



Check list for joining

Sr. No.	Particular
1	Joining Report.
2	Character Certificate in the prescribed format
3	Allegiance to the Constitution in the prescribed format
4	Oath of Secrecy in the prescribed format.
5	Declaration regarding bigamous marriage in the prescribed format.
6	Home town Declaration in the prescribed format.
7	Declaration on Dependent Family Members in the prescribed format.
8	Declaration for SC/ST/OBC/PH in the prescribed format.
9	Declaration for spouse in spouse is employed in the prescribed format
10	Employee Data Sheet in the prescribed format
11	Letter of Admission and Authority for Group Savings-Linked Insurance Scheme.
12	Form of Appointment of beneficiary in the prescribed format
13	Form for New Pension Scheme(details to be furnished by the Govt. Servant)
14	Undertaking in the prescribed format.
15	Declaration of Immovable and movable property
16	Discharge/Relieving certificate from your previous employer
17	Affidavit on non-judicial stamp proper mentioning that all your education qualifications and teaching/research experiences are from MCI recognised Institutes/college.
18	Medical Examination Report in the prescribed format.
19	Self attested copies of all educational, research & experiences certificates
20	Format for Identity Card
21	Attestation Form in the prescribed format

To,

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

Sub: Submission of Joining Report – regarding.

Dear Sir,

With reference to your offer of appointment letter
No. _____ dated _____ I report
myself on duty in the forenoon/afternoon of _____ in the post
of _____.

I thank you once again for providing me the opportunity to serve the Institute.
I will perform my duties sincerely, honestly and to the best of my abilities.

Yours sincerely,

(Signature)

Name : _____

Designation : _____

Department : _____

Date of birth : _____



CHARACTER CERTIFICATE

Form-I

Certified that I have known Dr./Mr./Ms./Mrs.
_____ Son/daughter of Shri
_____ for the last ____ years
_____ months. He/She bears a good moral character and is of
_____ nationality. He/She is not related to me.

Place: _____

Signature

Date : _____

_____ Name (in Capital Letters)

(Designation & Address with Stamp)

This certificate should be from any one of the following:

1. Gazetted Officer of Central or State Government;
2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
3. Sub-Divisional Magistrates/Officers;
4. Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers;
5. Principal/Head Master of the recognized School/College/Institution where the candidate studied last;
6. Block Development Officer;
7. Post Masters;
8. Panchayat Inspectors



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

CHARACTER CERTIFICATE

Form-II

Certified that I have known Dr./Mr./Ms./Mrs.
_____ Son/daughter of Shri
_____ for the last ____ years
_____ months. He/She bears a good moral character and is of
_____ nationality. He/She is not related to me.

Place: _____

Signature

Date : _____

_____ Name (in Capital Letters)

(Designation & Address with Stamp)

This certificate should be from any one of the following:

1. Gazetted Officer of Central or State Government;
2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
3. Sub-Divisional Magistrates/Officers;
4. Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers;
5. Principal/Head Master of the recognized School/College/Institution where the candidate studied last;
6. Block Development Officer;
7. Post Masters;
8. Panchayat Inspectors



Allegiance to the Constitution

I _____, do swear
in the name of God/solemnly affirm that I will bear true faith and
allegiance to the Constitution of India as by law established, that I
will uphold the sovereignty and integrity of India, that I will duly
and faithfully and to the best of my ability, knowledge and
judgment perform the duties of my office without fear or favour,
affection or ill-will and that I will uphold the Constitution and the
laws.

Signature

Name : _____

P.F.No. : _____

Designation : _____

Department : _____



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

FORM -I

I, _____ (name) do
swear/solemnly affirm that I will be faithful and bear true
allegiance to India and to the Constitution of India as by law
established, that I will uphold the sovereignty and integrity of
India, and that I will carry out the duties of my office loyally,
honestly, and with impartiality. So help me God”.

Signature : _____

Name : _____



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

FORM-II

Form of oath proposed for Government servants who are foreign nationals "I, _____ a citizen of _____ temporarily residing in _____ and holding a Civil post under the Government of India to swear/solemnly affirm that, having the faith and allegiance I owe to* _____ I will, during the period of my service as aforesaid, be faithful to India and the Constitution of India as by law established and that I will carry out the duties of my office loyally, honestly and with impartiality. So help me God".

*Here insert the name of the country conferred.

Signature : _____

Name : _____



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

Dated : _____

Declaration regarding bigamous marriage

I hereby declare that I have not entered into or contracted a marriage with a person having a spouse living, or who, having a spouse living, have not entered into or contracted a marriage with me.

Signature :

Name : _____

P.F.No. : _____

Designation : _____

Department : _____



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

HOME TOWN DECLARATION

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

I, _____ hereby declare that my home town is at the place as shown below for the purpose of availing Leave Travel Concession for self and family as notified in the Govt. of India, Ministry of Home Affairs, New Delhi O.M. No.43/1/55/Estts - (A) Part-II dated 11-11-1956.

Home Town/Place of visit	Nearest Railway Station	District/Town & State	Remarks

Name : _____

P.F.No. : _____

Designation : _____

Department : _____

Countersigned by : _____

Head of Office

DECLARATION FORM

(For Leave Travel Concession and Medical Facility)

I hereby declare that the following are members of my family who are wholly dependent on me.

DETAILS OF FAMILY

(i) Husband, Wife, Children, Step Children

SL No.	Full Name	Relationship	Date of Birth

(ii) Father, Mother/Minor Brothers/Sisters/Widowed Daughters/Widowed Sisters, residing with me

SL No.	Full Name	Relationship	Age in case of minor Brothers/sisters/children and date of birth Date of birth	Status Married/Unmarried/Widowed

UNDERTAKING

I undertake that –

1. The children/step children claimed to be dependent do not have income exceeding ₹9000/- per person per month from all sources including stipend and scholarship.
2. The income of parents from all sources including pension (inclusive of temporary increase in pension and pension equivalent of DCRG benefits) does not exceed Rs.9000/ -per month. (If anyone mother/father has the said income, both of them will come under dependents category.) Income Certificate of the concerned must be enclosed.
3. My father is not alive/ my father is wholly dependent on me and income of my widowed sisters/unmarried sisters does not exceed Rs.9000/-per month. From all sources. For each person. Income Certificate must be enclosed.
4. In the event of any change in the status of any of the above mentioned persons, which affects the eligibility, I shall inform the Establishment Section, All India Institute of Medical Sciences, Raipur immediately about the same.
5. The particulars of dependent members of my family as given are correct. If any statement is found to be untrue I shall be liable for disciplinary action.

Date:

Signature:

Name:

Designation:.....

Department:.....

For the use of controlling unit/office of the HOD forwarded

Filled in my presence	Verified & Submitted for Approval	Approved as per rules
Dealing Assistant	Sr. Administrative Officer/ Administrative Officer	DDA/Director

घोषणा पत्र
(छुट्टी यात्रा रियायत तथा स्वास्थ्य सुविधा हेतु)

मैं, यह घोषणा करता हूँ कि नीचे अंकित मेरे परिवार के सदस्य हैं एवं मुझ पर पूर्णतः आश्रित हैं।

परिवार का विवरण

(i) पति, पत्नि, बच्चे, सौतेले बच्चे

स.क्र.	पूरा नाम	संबंध	जन्म तिथि

(ii) मेरे साथ निवासरत् पिता, माता/नाबालिक भाई/बहन/विधवा पुत्री/विधवा बहन।

स.क्र.	पूरा नाम	संबंध	नाबालिक भाई/बहन/बच्चे होने की दशा में उम्र एवं जन्म तिथि	विवाहित/अविवाहित/विधवा

वचन

मैं वचन देता/देती हूँ कि:

- आश्रित हेतु दावा किये गये बच्चे/सौतेले बच्चों की आय छात्रवृत्ति अथवा सभी स्त्रोंतों को मिलाकर ₹9000/- प्रतिव्यक्ति प्रतिमाह से अधिक नहीं है
- माता-पिता की आय पेंशन एवं सभी स्त्रोंतों को मिलाकर (पेंशन में अस्थायी बढ़ोत्तरी एवं मृत्यु सह सेवा निवृत्त उपदान के बराबर पेंशन को मिलाकर) ₹9000/- प्रतिमाह से ज्यादा आय नहीं है। (यदि किसी के माता/पिता की आय उक्त आय के बराबर है, तो दोनो आश्रित की श्रेणी में शामिल होंगे)। आय प्रमाण पत्र संलग्न करना आवश्यक है।
- मेरे पिता जीवित नहीं है/मेरे पिता मुझ पर पूर्णतः आश्रित हैं और मेरी विधवा बहन/अविवाहित बहन की आय 9000/- से ज्यादा नहीं है। सभी स्त्रोंतों को मिलाकर, प्रति व्यक्ति के लिए। आय प्रमाण पत्र संलग्न करना आवश्यक है।
- उपरोक्त अंकित व्यक्तियों के स्थितियों में परिवर्तन होने की दशा, जिससे उनकी पात्रता प्रभावित होगी, मेरे द्वारा स्थापना शाखा, अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर को उक्त की तत्काल सूचना दी जावेगी।
- मेरे परिवार के आश्रित सदस्यों की उपरोक्तानुसार दी गई जानकारी सही है। उपरोक्त में से कोई भी जानकारी गलत पाये जाने पर मैं अनुशासनात्मक कार्यवाही हेतु जवाबदार रहूँगा।

दिनांक:

हस्ताक्षर
नाम
पदनाम
विभाग

मेरी उपस्थित में भरा गया	सत्यापित एवं अनुमोदन हेतु प्रस्तुत	नियमानुसार अनुमोदित
संबंधित लिपिक	वरिष्ठ प्रशासनिक अधिकारी/ प्रशासनिक अधिकारी	उप निदेशक (प्रशा.)/निदेशक



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

DECLARATION

I, _____ son/daughter of
Shri _____ resident of village/ town/
city _____ district _____ State _____
_____ hereby declare that I belong to the
_____ Community, which is recognized as a backward
class by the Government 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 08.09.1993. It is also declared that I do not belong to
persons/ sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above-
referred Office Memorandum, dated 08.09.1993.

Date: _____

Signature of the

Candidate Name & permanent address

(Note: To be filled only by OBC category)



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

Date: _____

DECLARATION

I, _____ son/daughter of
Shri _____ resident of village/town/city
_____ district _____ State

_____ hereby declare that my spouse is employed/not employed in Government Service, and she/he is not availing the following facilities for herself/himself or for any of the family members from the parent department/Institute working for. I read the enclosed provisions made in the Government Orders (printed overleaf) in this regard and undertake to inform the Institute as and when there is any change in the status of employment of my spouse in respect of the following conditions.

- 1) Medical Attendance/Treatment
- 2) House Building Advance
- 3) Children's Educational Assistance
- 4) Family Planning Special Increment
- 5) Leave Travel Concession
- 6) Travelling Allowance
- 7) Family Pension
- 8) House Rent Allowance, if residing in Govt. Quarters
- 9) Central Government Health Scheme
- 10) Allotment of Residence

The relevant rules as summarized in the enclosure (appended overleaf) are read and certified that the same will be compiled from time to time. I/we understand that any violation will attract legal proceedings and penal provision as per Govt. rules.

Signature of Spouse, if employed elsewhere in Govt establishments		Signature of Employee	
Name		Name	
PF No		PF No	
Designation		Designation	
Department		Department	
Address		Address	

Fax E-mail : _____

Telephone Office : _____

Residence : _____

Mobile :

--	--	--	--	--	--	--	--	--	--

6. Date of Birth _____(Day) _____ (Month) _____ (Year)

7. (a) Nationality :

8. Category : SC [] ST [] OBC [] Gen []

9. Academic Record starting with Secondary Education:

Sr. No.	Examination	Branch/ Specialization	College/university/ Institute	Year	% of Marks/Grade	Division
1						
2						
3						
4						
5						

10. Professional Experience Record:

Sr. No.	Name of Institution/University	Position Held	Date of Joining	Date of Leaving
1				
2				
3				
4				
5				

11. Please provide your family details (dependents only)

Sr.No	Name	Date of Birth	Relationship	Present occupation
1				
2				
3				
4				
5				

DECLARATION

I, _____ hereby, declare that all entries in this form are true to the best of my knowledge and belief.

Date:

Signature of the employee

FORM-III

LETTER OF ADMISSION AND AUTHORITY

Date: _____

To,

Dear Sir,

Re: Group Savings-Linked Insurance Scheme

I wish to join Group Saving-Linked Insurance Scheme arranged with the Life Insurance Corporation of India and request you to admit me as an Insured Member of the Scheme with effect from _____. I hereby authorize you to deduct a sum of Rs. _____ as contribution towards the scheme from my salary starting from the salary for the month of _____. I further agree that this letter of authority shall not be revoked by me so long as I am a regular employee. My date of birth, as recorded in _____ Certificate sent herewith, is _____.

Yours Faithfully,

(SIGNATURE)

Name: _____

(In Block Letters) Badge No. or Salary Roll no. or Membership No. _____

Designation : _____

Department & Office: _____

FORM-IV

FORM OF APPOINTMENT OF BENEFICIARY

I, _____ An Insured
Member of the _____ Group
Saving-Linked Insurance Scheme hereby appoint in terms of Rule No.13 headed
'Appointment of Beneficiary' of the Rules governing the Scheme my
(relationship) _____ named _____ and whose address
is _____
_____ as the person to be the beneficiary to whom the moneys payable in terms
of the Rules of the Scheme shall be paid in the event of my death.

Signed at _____ this _____ day
Of _____ 201 _____.

Signature of Insured Member

Witnessed by :

1. i) Signature : _____
ii) Name : _____
iii) Address : _____

2. i) Signature : _____
ii) Name : _____
iii) Address : _____



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

New Pension Scheme

Annexure-I

(Details to be furnished by the Government servant)

Name of the Government servant (in Block Letters) : _____

Designation : _____

Name of Ministry/Deptt./Organization : _____

Scale of Pay : _____

Date of Birth : _____

Date of joining Government service : _____

Basic Pay : _____

Nominee for accumulations the Pension Account :

S No	Name of nominee(s)	Age	Date of Birth	Percentage of share of payable	Relationship with the Government servant
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					

Signature of the Government servant

DDA



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)
www.aiimsraipur.edu.in

UNDERTAKING

1. The furnishing of the false information or suppression of factual information in on my joining would be a disqualification and is likely to render the candidate unfit or employment under the Government.
3. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service I would be liable to be terminated.
4. The experiences as mentioned on my online application are teaching/research experiences and the same is recognised by MCI/Govt of India. In case it is found that the same is not recognised by MCI/GoI at any stage, my appointment may be cancelled.
5. I also declare that I possess all requisite qualification and experiences as per the requirement of the advertisement and in case it is found that I am not fulfilling any eligibility criteria, my appointment may be treated as celled.

Signature : _____

Date : _____

Name : _____

RULE 18. MOVABLE, IMMOVABLE AND VALUABLE PROPERTY:

THE SCHEDULE

[See Rule 18 (1)]

Return of Assets and Liabilities on First Appointment on the 31st December,
20.....

1. Name of the Government servant in full _____
_____ (in block letters)

2. Service to which he belongs : _____

3. Total length of service up to date: _____

(i) in non-gazetted rank.

(ii) in gazetted rank.

4. Present post held and place of posting _____

5. Total annual income from all sources during the Calendar year immediately preceding the 1st day of January 20 .

6. Declaration

I hereby declare that the return enclosed namely, Forms I to V are complete, true and correct as on _____ to the best of my knowledge and belief, in respect of information due to be furnished by me under the provisions of sub-rule (1) of rule 18 of the Central Services (Conduct) Rules, 1964.

Date : _____

Signature : _____

Note 1. This return shall contain particulars of all assets and liabilities of the Government servant either in his own name or in the name of any other person.

Note 2. If a Government servant is a member of Hindu Undivided Family with coparcenaries rights in the properties of the family either as a 'Karta' or as a member, he should indicate in the return in Form No. I the value of his share in such property and where it is not possible to indicate the exact value of such share, its approximate value. Suitable explanatory notes may be added wherever necessary.

FORM NO.I**Statement of immovable property on first appointment as on the 31st
December, 20_____****(e.g. Lands, House, Shops, Other Buildings, etc.)**

Sl. No	Description of property	Precise location (Name of District, Division, Taluk and Village in which the property is situated and also its distinctive number, etc.)	Area of land (in case of land and buildings)	Nature of land in case of landed property	Extent of interest	If not in own name, state in whose name held and his/her relationship, if any to the Government servant
1	2	3	4	5	6	7

Date of acquisition	How acquired (whether by purchase, mortgage, lease inheritance, gift or otherwise) and name with details of person/persons from whom acquired (address and connection of the Government servant, if any, with the person/persons concerned) Please see Note 1 below)	Value of property (see Note 2 below)	Value of the property (see Note 2 below)	Total Annual income from the property	Remarks
8	9	10	11	12	13

Date _____

Signature _____

Note (1) For purpose of Column 9, the term “lease” would mean a lease of immovable property from year to year or for any term exceeding one year or reserving a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government servant, such a lease should be shown in this Column irrespective of the term of the lease, whether it is short term or long term, and the periodicity of the payment of rent.

Note (2) In Column 10 should be shown

- (a) where the property has been acquired by purchase, mortgage or lease, the price or premium paid for such acquisition;
- (b) where it has been acquired by lease, the total annual rent thereof also; and
- (c) where the acquisition is by inheritance, gift or exchange, the approximate value of the property so acquired.

FORM NO. II

Statement of liquid assets on first appointment as on the 31st December, 20 .

- (1) Cash and Bank balance exceeding 3 months' emoluments.
- (2) Deposits, loans, advances and investments (such as shares, securities, debentures, etc.)

Sl. No.	Description	Name & Address of Company, Bank etc.	Amount	if not in own name, name and address of person in whose name held and his/her relationship with the Government servant	Annual income derived	Remarks
1	2	3	4	5	6	7

Date: _____

Signature : _____

Note 1. In column 7, particulars regarding sanctions obtained or report made in respect of the various transactions may be given.

Note 2. The term "emoluments" means the pay and allowances received by the Government servant.

FORM NO. III

Statement of movable property on first appointment as on
the 31st December, 20____.

Sl. No.	Description of items	Price or value at the time of acquisition and/or the total payments made up to the date of return, as the case may be, in case of articles purchased on hire purchase or instalment basis	If not in own name, name and address of the person in whose name and his/her relationship with the Government servant	How acquired with approximate date of acquisition	Remarks
1	2	3	4	5	6

Date : _____

Signature : _____

Note 1) In this Form information may be given regarding items like (a) jewellery owned by him (total value); (b) silver and other precious metals and precious stones owned by him not forming part of jewellery (total value), (c) (i) Motor Cars (ii) Scooters/Motor Cycles; (iii) refrigerators/air conditioners, (iv) radios/radiograms/television sets and any other articles, the value of which individually exceeds Rs. 1,000 (d) value of items of movable property individually worth less than Rs. 1,000 other than articles of daily use such as cloths, utensils, books, crockery, etc., added together as lump sum.

Note 2) In column 5, may be indicated whether the property was acquired by purchase, inheritance, gift or otherwise.

Note 3) In column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given.

FORM NO. IV

Statement of Provident Fund and Life Insurance Policy on First Appointment as on the 31st December, 20____ .

Sl. No .	Policy No. and date of policy	Name of Insurance Company	Sum insured date of maturity	Amount of annual premium	Type of Provident Funds / GPF / CPF, (Insurance Policies) account No.	Closing balance as last reported by the Audit / Accounts Officer along with date of such balance	Contribution made subsequently	Total	Remarks (if there is dispute regarding closing balance the figures according to the Government servant should also be mentioned in this column)
1	2	3	4	5	6	7	8	9	10

Date: _____

Signature : _____

FORM NO. V

Statement of Debts and Other Liabilities on First Appointment as on
31st December, 20____

Sl. No.	Name and address of Creditor	Amount	Date of incurring Liability	Details of Transaction	Remarks
1	2	3	4	5	6

Date _____

Signature _____

Note 1) Individual items of loans not exceeding three months emoluments or Rs. 1,000 whichever is less, need not be included.

Note 2) In column 6, information regarding permission, if any, obtained from or report made to the competent authority may also be given.

Note 3) The term “emoluments” means pay and allowances received by the Government servant.

Note 4) The statement should also include various loans and advances available to Government servants like advance for purchase of conveyance, house building advance, etc. (other than advances of pay and travelling allowance), advance from the GP Fund and loans on Life Insurance Policies and fixed deposits.

AFFIDAVIT

I Dr. _____ aged about _____ years,
Son of _____ resident of
_____, do hereby solemnly
affirm and state as under:

1. That I am the deponent of this affidavit.
2. That I do hereby declare that I am not indulged or doing private practice of any kind including laboratory and consultant practice.
3. That presently I am not working at any other Institutions or Medical College or Government/Autonomous/Semi Government Organisation. I have been relieved by the Institution where I was working previously before joining AIIMS Raipur.
4. That I have passed MBBS in the year _____ and MD in the year _____.
5. That I am not drawing any salary/pension from any source other than AIIMS, Raipur.
6. That this affidavit is required to be produced before the Director, AIIMS, Raipur for necessary action.
7. That all educational qualifications and teaching/research experiences are from MCI recognised Institutes/college.

That the facts stated above are true to the best of knowledge and belief.

Deponent

Deponent

Notary Public, Raipur

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 :

Attestation Form

Form 1: Employee Personal Information

Name of Department: _____

Employee Personal Information

First Name : _____

Middle Name : _____

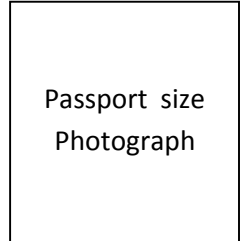
Last Name : _____

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.): _____

Caste : _____ Category : _____

Religion: _____ Blood group: _____

Home State: _____ Home District: _____

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

--	--	--	--	--	--	--	--	--	--

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

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 factual 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 from.

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 _____

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)



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-