

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

## Notice for Interview 2017 (Phase-I) for faculty posts in AIIMS Raipur

Reference is invited to the advertisement No. Admin/Rec./Faculty/Regular/2016/ AIIMS.RPR dated 28.12.2016 inviting online applications for faculty posts in AIIMS Raipur.

### 1. Schedule for documents verification & reporting for Interview:

Sr. No.	Department	Reporting Time	Document Verification Time	Date of Interview	
1	CARDIOTHORACIC SURGERY				
2	NEUROLOGY				
3	NEUROSURGERY	08:30 AM	9:00 AM	04-05-2017	
4	UROLOGY				
5	NEONATOLOGY				

6	BURNS & PLASTIC SURGERY					
7	ENDOCRINOLOGY &					
	METABOLISM					
8	PAEDIATRIC SURGERY	08:30 AM	9:00 AM 05-05-201			
0	SURGICAL					
9	GASTROENTEROLOGY					
10	SURGICAL ONCOLOGY					

Venue of Interview: 1st floor, Committee room, Medical College building, AIIMS, Raipur

### 2. Documents to be brought:

- a. <u>Notarized Affidavit</u> as per **Annexure-I** on 10 rupees non-judicial, stamp paper, duly signed.
- b. Original certificate(s) & one set of self-attested photocopy of all qualifying degree(s) and experience as on applicable cut-off date and filled in 'Brief of the Candidate' as per **Annexure-II.**
- c. Signed hard copy of online application with passport photograph pasted on it.
- d. Original caste and Disability certificate, if applicable.
- e. Copy of all publications, awards etc.

- f. Power point presentation (3 to 5 minutes) of your suitability for the post you have applied. Please upload your presentation in the official laptop at the time of documents verification prior to interview.
- g. No Objection certificate from Competent Authority if applicable.
- h. Candidates having DNB as qualifying degree have to themselves confirm their eligibility according to Govt. of India Gazette amendment notification of June 2012 and produce requisite certificates from the passing institute in accordance with the above notification.
- i. Candidates belonging to OBC (non-creamy) category should produce certificate from the Competent Authority showing validity period in accordance with Govt. of India guide lines.
- 3. No TA/DA shall be provided for this purpose.

Director AIIMS, Raipur

# Annexure-I

(To be produced by eligible candidates only on 10 rupees non-judicial, stamp paper, duly signed and Notarized)

# **AFFIDAVIT (NOTARIZED)**

	I, Dr	aged about		S/D/W/O	of
	Address				
he	ereby solemnly declared as follows:				
1.	. That I have passed my 10 <sup>th</sup> examination Board my DOB is	in the year _	as per	certificate issued b	эу
2.	. All my qualifying degrees as declared by (Medical Council of India).	me on my	application a	re recognised by Mo	CI
3.	. The institute/college from which I have of MCI in that particular year in which I lacuna regarding the recognition on my de	passed my q			-
4.	. I have registered my MBBS degree und council) and the registered number is				te
5.	. I have registered my MD/MS/Mch/DM/I the state council) and the registered numb	•		•	
6.	. I belong tocategory as per Gov	t. of India gui	delines.		
7.	I affirm that i have throughly seen the ream eligible as per the notification for the Raipur.				
8.	best of my knowledge. If any facts and figure point of time of my professional career candidature to this interview/recruitre administrative or legal action may be including recovery of financial loss to the interview.	gure are foun r, I may be nent may l taken, as th	nd wrong or co penalised as pe cancelled	oncealed at any give deemed fit and n besides any suc	en ny ch

Deponent

# Certificate

I hereby certify that the above information submitted by me in true and correct to the best of my knowledge and belief and that nothing has been concealed therein.

**Deponent** 

## **Annexure-II**

# All India Institute of Medical Sciences, Raipur BRIEF OF THE CANDIDATE

Paste recent passport sized photograph

Name				Post Applied for			Date of	Year	Month	Day
Category:				Department:			Birth:			
Qualifications	Year of Passing	No. of attempts	Institution	Experience	Duration					
Degree				Level/Designation	From	То	Organization/Institution		tion	
MBBS										
M.D.										
D.M./M.Ch										
D.N.B.										
PGDND										
Paper Published	Indexed	Non- Indexed	Accepted of publication	Presented at Conferences	Awards/Recognitions					
National										
International										
Total										
Chapter in Book	Chapter in Books :			Any other information :						
					Notice period required for joining :					

Date:

Signature of the Candidate