



अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली

All India Institute of Medical Sciences, Raebareli

(An Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)

Munshiganj, Raebareli - 229405, Uttar Pradesh, India

www.aiimsrbl.edu.in

No. AIIMS/RBL/REC/SR/2022/193

Dated: 21.06.2022

NOTICE FOR WALK-IN-INTERVIEW FOR AIIMS, RAE BARELI (UP)

The All India Institute of Medical Sciences (AIIMS), Raebareli intends to fill up 08(Eight) posts of **Senior Residents (SRs)** in different specialities purely on ad-hoc basis in **All India Institute of Medical Sciences (AIIMS), Rae Bareli, Uttar Pradesh** through walk-in-interview.

The candidates willing to appear in the above said walk-in-interview must bring their brief bio-data (in triplicate) in the pro-forma attached (Annexure 'A') along with certificate of age, qualification, experience and caste complete in all respects on **29.06.2022**. The document verification will be done on 29.06.2022 from 09:00 A.M to 12:30 P.M. in **AIIMS, Rae Bareli (UP)** followed by interview of eligible candidate from 02:00 P.M onwards on the same day i.e.29.06.2022. For further details like total number of posts along with break-up, age, qualification, experience, caste and remuneration etc., the candidates may visit our website www.aiimsrbl.edu.in.

EXECUTIVE DIRECTOR



अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली

All India Institute of Medical Sciences, Raebareli

(An Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)

Munshiganj, Raebareli - 229405, Uttar Pradesh, India

www.aiimsrbl.edu.in

No. AIIMS/RBL/REC/SR/2022/193

Dated: 21.06.2022

WALK-IN-INTERVIEW FOR AIIMS, RAE BARELI (UP)

All India Institute of Medical Sciences (AIIMS), Raebareli intends to fill up 08(Eight) posts of **Senior Residents** purely on adhoc basis in different specialities for **All India Institute of Medical Sciences (AIIMS), Rae Bareli (UP)** through walk-in-interview:-

| SENIOR RESIDENT | | | | | | | |
|-----------------|--------------------|----------|-----|----|----|-----|-------|
| Sl.No. | Name of Department | Category | | | | | |
| | | UR | OBC | SC | ST | EWS | Total |
| 1. | General Medicine | - | - | 01 | - | - | 01 |
| 2. | Paediatrics | - | 01 | - | - | - | 01 |
| 3. | Pathology | 01 | - | 01 | - | - | 02 |
| 4. | Psychiatry | - | 01 | - | - | - | 01 |
| 5. | Radiology | - | - | - | 01 | - | 01 |
| 6. | Anaesthesia | - | 01 | - | - | - | 01 |
| 7. | Blood Bank | - | - | - | - | 01 | 01 |
| Grand Total | | 01 | 03 | 02 | 01 | 01 | 08 |

Note:

- I. * In case no applicant is available/turn up for walk-in-interview under EWS Category then the EWS category post shall be filled by UR category. As such UR candidates may also apply for the EWS category.
- II. The above posts are provisional and may be varied as per the discretion of competent authority.
- III. All the above posts of Senior Resident is on adhoc basis initially for a period of Six months and candidates selected for these posts will be posted at AIIMS, Rae Bareli, Uttar Pradesh.

ESSENTIAL QUALIFICATIONS:

1. SENIOR RESIDENTS (Non-Academic):-

- a) A medical qualification included in the first or second schedule or Part II of the third schedule to the Indian Medical Council Act 1956 (persons possessing qualifications included in the Part II of the third schedule should also fulfil the conditions specified in Section 13 (3) of the Act).
- b) Must be registered with the Central/State Medical Council.
- c) A postgraduate degree i.e. MD/MS in the specialty concerned or its equivalent.

AGE LIMIT: Senior Resident

Age limit for post of SR is 45 years (relaxable by 5 years for SC/ST candidates and 3 years for OBC candidates).

In case of Physical Handicapped (OPH) candidates, age relaxation upto a maximum period of ten (10) years for General Category, Thirteen (13) years for OBC category and fifteen (15) years for SC/ST category candidates.

PAY SCALES: Senior Resident

| |
|---|
| In Pay Matrix (Level-11) with a minimum of Rs.67,700/- + NPA (for medical personnel) as per recommendations of the 7th CPC. |
|---|

TERMS AND CONDITIONS FOR ADHOC APPOINTMENT IS AS UNDER:-

1. The appointment is purely on adhoc basis initially for a period of six months (with effect from the date of joining) which is further extendable at the discretion of ED, AIIMS, Raebareli. If the adhoc term is not extended further, the same will lapse automatically without assigning any reason. The appointment can also be terminated at any time, on either side, by giving one months' notice or by paying one month's salary on failure to perform duties upto the satisfaction of the competent authority.
2. The appointee shall perform the duties as assigned to him/her. The competent authority reserves the right to assign any duty as and when required. No extra/additional remuneration will be admissible in case of such assignment.
3. The appointee shall not be entitled to any benefit like Provident Fund, Pension, Gratuity, Medical Attendance Treatment, Seniority/Promotion etc. or any other benefits available to the Government servants, appointed on regular basis.
4. All the above posts are meant for All India Institute of Medical Sciences (AIIMS), Rae Bareli, Uttar Pradesh. Candidate selected for above adhoc posts will be posted at AIIMS, Rae Bareli (UP).
5. The appointee shall be a whole time employee of the Institute and shall not accept any other assignment, paid or otherwise and shall not engage himself/herself in a private practice of any kind during the period.
6. The appointment to the said post will be subject to medical fitness from the competent Medical Board for which he/she will be sent to the designated Medical Authority of the Institute.
7. Leave entitlement of the appointee shall be governed in terms of instructions contained in DoPT&T's O.M. No.12016/3/84-Estt.(L) dated the 12th April 1985 as amended by OM No.12016/1/96-Estt(L) dated the 5th July 1990 and OM No.12016/2/99-Estt(L) dated 12 July 1999.
8. On appointment, the appointee will be required to take an oath of allegiance to the Constitution of India or make a solemn affirmation to that effect in the prescribed proforma.
9. On appointment, the candidate will not have any claim/right whatsoever for the regular posts in the AIIMS, Raebareli. Further, this cadre will also not be allowed to merge with the cadre in the Institute.
10. The appointee is not entitled to any TA/DA for attending the interview and joining the Institute.
11. Other conditions of service will be governed by relevant rules and orders issued by Govt. of India from time to time with regard to adhoc employees.
12. If any declaration given or information furnished by him/her proves false or if he/she is found to have wilfully suppressed any material information, he/she will be liable for removal from service and also such other action as the Institute may deem necessary.
13. The appointee shall not be entitled to avail any allowances/facilities being extended to the regular/permanent faculty members of AIIMS, Rae Bareli (UP).
14. Interested candidates may apply for the post under reference in the prescribed application form available at the Institute website appending therewith copies of self-attested certificates/testimonials and other relevant documents in support of their qualification, experience and date of birth etc. and also "No Objection Certificate" from present employer, if working in Govt./Semi Govt./Corporate Body/Undertaking of the Central/State Govt. and in absence of

which it may not be possible to allow them to appear for interview. The candidates are also required to produce the original certificates/testimonials at the time of walk-in-interview.

GENERAL INSTRUCTIONS:-

1. The candidates must ensure that they fulfil eligibility criteria. If at any stage, it is found that the candidate has furnished any incorrect information his/her candidature will stand cancelled. If any of these shortcoming(s) is/are detected even after the appointment, his/her services will be summarily terminated.
2. **The candidates should bring their application/bio-data in triplicate along with all the documents/certificates in support of their claim and three photocopies of each document including passport size latest photographs.**
3. **All the original certificates/documents will be verified at the time of interview.**
4. **The candidates having prescribed qualification/experience should appear for document verification and interview on 29.06.2022 from 09:00 AM in the Board Room, Medical College, AIIMS, Rae Bareli, Uttar Pradesh.**
5. The candidates should also bring their original documents/testimonials on the date of interview.
6. The period of experience wherever prescribed shall be counted after obtaining the prescribed qualification.

NOTE: **The candidates willing to appear in the above said walk-in-interview must submit their brief bio-data (in triplicate) on the proforma attached at Annexure 'A' alongwith certificate of age, qualification, experience and caste complete in all respects on 29.06.2022 at 09:00 AM in the Board Room, Medical College, AIIMS, Rae Bareli (UP) positively.** The document verification will be done on **29.06.2022** from 09:00 A.M to 12:30 P.M. in **AIIMS, Rae Bareli (UP)** followed by interview of eligible candidate from 02:00 P.M onwards on the same day i.e. **29.06.2022**.

**DY. DIRECTOR (ADMIN)
AIIMS, RAEBARELI**

अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली
All India Institute of Medical Sciences, Raebareli
(An Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)
Munshiganj, Raebareli - 229405, Uttar Pradesh, India
www.aiimsrbl.edu.in

No. AIIMS/RBL/Rec/SR /

Dated:

NOTE:

I. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT (IN TRIPLICATE), SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

PASTE HERE SELF
ATTESTED LATEST
PHOTOGRAPH

Post applied for: _____ Department _____
(for All India Institute of Medical Sciences, Rae Bareli, Uttar Pradesh)

1. (a) Full Name (BLOCK LETTERS):

(Surname) (First Name) (Second Name)

(b) Sex: Male/Female (c) Marital Status: Married/Unmarried

2. Father's/Husband's Name: _____

3. (a) Mailing Address: _____

Email. _____

Tel. No. _____ PIN: _____

Fax.No. _____ Mobile No. _____

(b) Permanent Address _____

Email. _____

Tel. No. _____ PIN: _____

Fax.No. _____ Mobile No. _____

4. (a) Date of Birth: () () ()

(Date) (Month) (Year)

(b) Age: () () ()

(Yrs.) (Months) (Days)

(c) Sex: (Male/Female)

5. Whether belongs to: Gen. S.C. S.T. O.B.C. P.H.

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma prescribed by the Govt. of India)

6. State of Domicile: _____

7. Nationality: _____ Religion : _____

8. (a) Registration No. with the Medical Council: _____

(b) State in which registered: _____

9. 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 |
|------------------------|-----------------|-----------------|----------------|-------------------------|
| Matric/S.S.C. | | | | |
| Intermediate/ HSC | | | | |
| B.Sc. | | | | |
| M.B.B.S./B.D.S. | | | | |
| 1 st Profl. | | | | |
| 2 nd Profl. | | | | |
| 3 rd Profl. | | | | |
| Final Profl. | | | | |

b) **Postgraduate Career**

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution |
|--------------------|-----------------|-----------------|----------------|-------------------------|
| M.D./M.S./M.D.S. | | | | |
| D.M./M.Ch. | | | | |
| D.N.B. | | | | |
| M.Sc. | | | | |
| Ph.D. | | | | |

10. Teaching/ Research Experience:
(Please attach attested copies of experience certificates)

a) Before obtaining Postgraduate Qualification:

| Post held (Indicate Temporary/ Permanent) | Period | | Total Period | | | Pay Scale | Employer's Address |
|--|--------|----|--------------|--------|------|-----------|-----------------------|
| | From | To | Yrs. | Months | days | | |
| | | | | | | | |

(b) After obtaining Postgraduate Qualification:

| Post held (Indicate temporary/ permanent) | Period | | Total Period | | | Pay Scale | Employer's Address |
|--|--------|----|--------------|--------|------|-----------|-----------------------|
| | From | To | Yrs. | Months | days | | |
| | | | | | | | |

11. Details of Prizes,
Medals, Scholarships &
National/ International
Awards etc.
12. Additional qualification such
as membership of scientific society etc.

13. Research experience, if any, together with details of published works in indexed journals.

NUMBER OF PAPERS

NATIONAL
INTERNATIONAL

| Published | | Accepted for publication | Presented at conference |
|-----------|-------------|--------------------------|-------------------------|
| Indexed | Non Indexed | | |
| | | | |
| | | | |

14. Chapter in books/books edited : _____
15. (a) Present employment/ post held if any : _____
- (b) Pay Scale : _____
- (c) Total emoluments drawn : _____
- (d) Address of present employer : _____
16. If selected, what notice would you require before joining : _____
17. Have you been outside India for Academic Purpose? If so, give following information : _____

| Country visited | Dates of visit | | Duration of visit | | | Purpose of visit |
|-----------------|----------------|----|-------------------|---------|------|------------------|
| | From | To | Yrs. | Months. | days | |
| | | | | | | |

18. Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching research and administrative, related to the job, which, in your view, entitles you to the post applied for may be given in **Annexure- I**.
19. I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II**.

Date:
Place:

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____ at AIIMS, Rae Bareli.

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.

Date:

Place:

Signature of the candidate

***DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY**

I _____ son/daughter/wife of _____
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 Column 3 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)

***Note:** The closing date for receipt of application will be treated as the date of reckoning for
OBC status of the candidate and also, for assuming that the candidate does not fall in the
creamy layer.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAEBARELI, UTTAR PRADESH

Post applied for _____ Department _____

SELF EVALUATION

(Require under Column 18 of the application)

Date:

Signature of candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 19 of the application)

| S.No. | Particulars of enclosures | Marked page(s) |
|-------|---|----------------|
| 1. | Birth certificate | |
| 2. | Matriculation certificate | |
| 3. | MBBS/B.D.S./M.Sc. certificate | |
| 4. | M.D./M.S./M.D.S. certificate | |
| 5. | D.N.B./D.M./M.Ch./Ph.D. certificate | |
| 6. | Experience certificate(s) | |
| 7. | Community certificate (SC, ST, OBC, PH) | |
| 8. | Registration with Medical Council Certificate | |
| 9. | Any other relevant certificate(s) | |