

8. Details of employments **(in chronological order)** enclose a separate sheet, duly authenticated by your signature if the space below is insufficient.

S. No	Name of the Office/Institute/Organization)	Post Held	Duration of Experience		Total Duration of Experience Year(s), Month(s), day(s)	Pay-band and Grade pay (Scale of Pay if in pre-revised scale of pay)	Nature of Duties
			From	To			
1.							
2.							
3.							
4.							
5.							
Total work experience in required Grade Pay:	 Year(s) Month(s) Day(s)					

9.	Nature of present employment (i.e.ad-hoc or temporary or quasi-permanent or permanent)		
10.	In case the present employment is held on deputation/contract basis, please state: (a) the date of initial appointment (b) period of appointment on deputation/contract (c) name of the parent office/organization to which you belong		
11.	Additional details about present employment please state whether working under: (a)Central Government (b)State Government (c)Autonomous Organization (d)Government undertaking (e)University		
12.	Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale.		
13.	Total emoluments per month now drawn.		
14.	Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is Insufficient.		
15.	Whether belongs to SC/ST/OBC (if yes, please specify)		
16.	Contact Nos.	1) Office	
		2) Residence	
		3) Mobile	
		4) E-mail address	
17.	If selected, specify the minimum required joining time		
<i>Signature of the Candidate</i>			Candidate's Address:
Date:			
Countersigned:			

[Employer/Authorized Officer]			

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

BRIEF OF THE CANDIDATE

Name of the Candidate:					Paste recent passport size photograph here.
Applied for the Post of:					
Applied in the Department:					
Applied under Category: (UR/OBC/SC/ST/EWS)					
Date of Birth			Age of candidate as on last date of submission of online application		
Year	Month	Day			
Qualification					
Qualification	Year of Passing	No. of attempts	Name of the Institution		
Degree					
MBBS					
M.D.					
D.M./M.Ch					
D.N.B.					
PGDNB					
Any other					
Experience					
Post/Level/ Designation	Duration		Name of the Organization/Institution	Duration (YYMMDD)	
	From	To			
Paper Published					
National/ International	Indexed	Non- Indexed	Accepted of publication	Presented at Conferences	
National					
International					
Total					
Chapter in Books :					
Awards/ Recognitions:					
Any other information:					
Notice period required for joining:					

Date:.....

Signature of Candidate