Rajendra Institute of Medical Sciences

An Autonomous Institute under the Govt. of Jharkhand

Ranchi, Jharkhand

 **Details of application fee payment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Issuing Bank details (Name, branch, IFSC code)** | **NEFT/RTGS details (Transaction ID)** | **Date** | **Amount in Rupees** |
|  |  |  |  |

\* Please attach a copy of the receipt of the transaction details.

**NOTE:**

|  |  |
| --- | --- |
|  | TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY ‘TYPED’, SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS. |
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| PASTE HERE LATEST SELF ATTESTED PHOTOGRAPH |

 **Application for the Post of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Full Name (BLOCK LETTERS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father’s/Husband’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. (a) Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Tel. No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mobile No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **E-mail ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (b) Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tele. No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 {Date} {Month} {Year}

 (b) Age: (as on 19th March, 2021) [ ] [ ] [ ]

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 {Years} {Months} {Days}

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

5. Percentage of disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **UR** |  | **SC** |  | **ST** |  | **OBC** |  |

6. Whether belong to:

 Whether belong to PwD (**OPH) : Yes or No**

 (Please strike out which is not applicable) (Attach an attested copy of the certificate on the proforma)

7. State of Domicile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. a) Registration No. with the Medical Council:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) State in which registered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. 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** | **Percentage/****CPA** | **University/****Institution** |
| Matric/S.S.C. |  |  |  |  |  |
| Intermediate/HSC |  |  |  |  |  |
| B.Sc |  |  |  |  |  |
| M.B.B.S |  |  |  |  |  |

 **(b) Postgraduate Career**:

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

\* Must indicate No. of years of the course (2yrs/3yrs/5/6yrs) and name of the Institute with full address.

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11. Teaching/Research Experience:

 (Please attach attested copies of experience Certificates)

 **a) Before obtaining Postgraduate/ Super Specialty/Ph.D. Qualification:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Post held****(indicate****Temporary/****Permanent)** | **Period** | **Total period** | **Pay Scale** | **Employer’s Address** |
| **From** | **To** | **Yrs.** | **Mths.** | **Days** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |

 **(b) After obtaining Postgraduate/Super Specialty/Ph.D. Qualification:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Post held****(indicate****Temporary/****Permanent)** | **Period** | **Total period** | **Pay Scale** | **Employer’s Address** |
| **From** | **To** | **Yrs.** | **Mths.** | **Days** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |

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|  |
| --- |
| 12. Details of Prizes, Medals, Scholarships & National / International Awards etc. |
|  |
| 13. Additional qualifications such as Membership of Scientific Society etc. |
|  |
| 14. Research Experience, if any, together with details of published works in indexed journals. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NUMBER OF PAPERS

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

NATIONAL

 INTER-NATIONAL

1. Please provide a list of all your scientific publications in chronological order providing details of articles including whether Original article/review/case report, indexed / non-indexed, impact factor and number of citations for the articles:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Particulars of Article** | **Impact Factor** | **Citations** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

 \*Please insert additional rows if more than five publications are to be listed.

|  |  |
| --- | --- |
| 15. Chapter in books/books edited | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| 16. (a) Present employment/post held | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  (b) Pay Scale | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  (c) Total emoluments drawn | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  (d) Complete Address of present  Employer. | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
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|  |  |
| 17. If Selected, what notice period would you require before joining | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| 18. 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.** | **Mths.** | **Days** |
|  |  |  |  |  |  |  |

19. State the foreign languages you know:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Foreign Language** | **Can read** | **Can write** | **Can speak** |
| (i) |  |  |  |  |
| (ii) |  |  |  |  |
| (iii) |  |  |  |  |

20. Give below the full details of the names/particulars of two referees from your specialty who are in a position to testify from personal knowledge to your fitness for the post.

**Note:**

1. **You should have worked with one of the referees for at least two years.**
2. **They must not be related to you**

|  |
| --- |
|  **NAME STATUS ADDRESS** |

 1.

 2.

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21. I attach attested copies of certificates/degrees in support of age, category, qualification and experience, etc. as per the list enclosed **Annexure-II.**

22. 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-III.**

Date: Signature of the candidate

Place:

**NOTE:**

**1. INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT PAYMENT DETAILS OF REQUIRED AMOUNT WILL NOT BE ENTERTAINED.**

2. **SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENT REFERRED AT POINT NO.21 OF GENERAL INSTRUCTIONS PUBLISHED IN WEBSITE ADVERTISEMENT.**

**DECLARATION BY THE CANDIDATE**

(Post applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at

RIMS, Ranchi).

 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 on regular basis.

Date: Signature of the candidate

Place:

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|  |
| --- |
| **ANNEXURE-I****BRIEF OF THE CANDIDATE** |
|  |
|   |   |   |   |   |   |   |   | Paste here lastest Photograph |   |
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|  |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| Name  |  | Category :  |  | Date of Birth :  |  |
| Post  |  | Discipline: |  | Age as on **……..** | Year | Month  | Day |
| Qualifications | Year of Passing | No. of attempts | Institution | Experience | Duration |  |  |  |
| Organization/Institution |
| MBBS/B.Sc. |  |  |  | Level/Designation | From | To |
| M.D./M.S./M.Sc. |  |  |  |  |  |  |  |
| D.M./M.Ch./Ph.D. |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
| Paper Published | Indexed | Non-Indexed | Accepted of publication | Presented at Conferences | Awards/Recognitions |
| National |  |  |  |  |  |
| International |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |
| Chapter in Books : - | Any other information : - |
|   |   |   |   |   | Notice period required for joining : - |
| Place: |   |   |   |   |   |   |   |   |   |   |
| Date: |   |   |   |   |   |   | Signature of the Candidate |
|  |  |  |  |  |  |  |  |

**ANNEXURE-II**

**LIST OF ENCLOSURES**

(Required under column 21 of the application)

|  |  |  |
| --- | --- | --- |
| **S.No** | **Particulars of enclosures** | **Marked page(s)** |
| 1. | Birth Certificate |  |
| 2. | Matriculation Certificate |  |
| 3. | MBBS / M.Sc Certificate |  |
| 4. | M.D/M.S/ D.N.B./Ph.D Certificate |  |
| 5. | D.M./M Ch. certificate |  |
| 6. | Experience Certificate(s) |  |
| 7. | Community Certificate (SC,ST / OBC (Non-Creamy Layer) |  |
| 8. | Registration & Additional Registration with Medical Council Certificate |  |
| 9 | Disability Certificate |  |
| 10 | Any other relevant certificate(s) |  |

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**ANNEXURE-III**

**SELF EVALUATION**

(Require under Column 22 of the application)

Post applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Self Evaluation:

Date:

Place: Signature of Candidate

**ANNEXURE-IV**

**Candidates already employed in Central/State Govt./Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt. should get the following endorsement signed by their present employer (appointing authority).**

**NO OBJECTION CERTIFICATE (NOC)**

1. Certified that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

holds the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on a regular basis in this Department/Office/Institution/Organization. **I have no objection to her/his application being considered for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Rajendra Institute of Medical Sciences (RIMS), Ranchi. In the event of his / her selection to the post, he / she will be relieved from her/his post.**

2. Certified that he/she submitted her/his application to the Department /Office/ Institution/Organization on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for onward transmission to RIMS, Ranchi

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Seal with Name & Designation)

Office Stamp

**ANNEXURE-V**

**LIST OF FIVE BEST PUBLICATIONS.**

|  |  |  |
| --- | --- | --- |
| **Best Five Publications** | 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**\* First page of the article including the title, authors list, affiliations, and abstract must be attached.**