

## Check List for Joining

|     |  |
|-----|--|
| 1.  | Acceptance for joining AIIMS, Bhubaneswar.   |
| 2.  | Character Certificate (two) 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. | Attestation Form in the prescribed format  |
| 14. | Form for New Pension Scheme(details to be furnished by the Govt. Servant)  |
| 15. | Undertaking in the prescribed format.  |
| 16. | Medical Examination Report in the prescribed format.   |
| 17. | Self attested copies of all educational, research & experiences certificates   |
| 18. | Declaration of Immovable and movable property  |
| 19. | Discharge/Relieving certificate from your previous employer  |
| 20. | Affidavit on non-judicial stamp paper mentioning that all your educational qualifications and teaching/research experiences are from MCI recognised institutes/ college. |
| 21. | OBC Certificate issued by the Competent Authority after 1 <sup>st</sup> April 2016- for OBC Candidate only.  |

Dated :

To

The Director  
All Indian Institute of Medical Sciences (AIIMS), Bhubaneswar  
Post-Dumduma, Sijua, Patrapara, Odisha  
Bhubaneswar.

**Sub: Submission of acceptance for Joining AIIMS Bhubaneswar as Faculty –  
regarding.**

Dear Sir,

With reference to your offer of appointment letter No.  
.....dated.....I hereby accept the  
offer of appointment and all the terms & condition as contained therein. I am  
also enclosing four sets duly filled in prescribed attention form. A set of self  
attested certificate of my all qualification and experiences are also enclosed.

I thank you once again for providing me the opportunity to serve the  
Institute. I will join immediately as and when intimated.

Yours sincerely,

Name: .....

Designation .....

Department .....

Date of birth .....



**All India Institute of Medical Sciences, Bhubaneswar  
Sijua, Post: Dumuduma, Bhubaneswar - 751 019**

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**CHARACTER CERTIFICATE**

Certified that I have known Mr./Ms./..... 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



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## **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 \_\_\_\_\_



**All India Institute of Medical Sciences, Bhubaneswar**  
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## 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 :



All India Institute of Medical Sciences, Bhubaneswar  
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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 :



**All India Institute of Medical Sciences, Bhubaneswar  
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Dated : \_\_\_\_\_

**Subject: 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 \_\_\_\_\_



**All India Institute of Medical Sciences, Bhubaneswar  
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**FORM**

**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 11-1-1956.

| Home Town/Place of visit | Nearest Rly Station | District/Town & State | Remarks |
|--------------------------|---------------------|-----------------------|---------|
|                          |                     |                       |         |

\_\_\_\_\_  
Signature

Name \_\_\_\_\_

P.F.No. \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Countersigned by \_\_\_\_\_

Head of Office





**All India Institute of Medical Sciences, Bhubaneswar**  
**Sijua, Post: Dumuduma, Bhubaneswar - 751 019**

Date:

**Declaration on Dependent Family Members**

(1) Personal Details:

|    |                     |  |
|----|---------------------|--|
| 1  | Name                |  |
| 2. | Designation         |  |
| 3. | Date of Birth       |  |
| 4. | PF No               |  |
| 5  | Date of appointment |  |

(2) Details of the Dependent Family Members:

| S. No | Name(s) of the member(s) of the family* | Date of birth | Age as on date | Relation ship | Marital Status | Place mention the category:<br>(a)Employed<br>(b)Pensioner<br>(c) Family Pensioner<br>(d)Others | Personal Annual Income of the dependent |
|-------|---|---------------|----------------|---------------|----------------|---|---|
|       |   |               |                |               |                |   |   |
|       |   |               |                |               |                |   |   |
|       |   |               |                |               |                |   |   |
|       |   |               |                |               |                |   |   |
|       |   |               |                |               |                |   |   |

(\* (i) I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration. (ii) Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.[[http://persmin.gov.in/pension/rules/pencomp7.htm#Family\\_Pension,\\_1964](http://persmin.gov.in/pension/rules/pencomp7.htm#Family_Pension,_1964)] (iii) Wife and husband shall include respectively judicially separated wife and husband. (iv) A self-certified proof of Date of Birth is enclosed in respect of dependent Brothers/Sisters, if any.

Signature of the employee

(3) For the use of controlling unit/office of the HOD Forwarded

|                  |             |
|------------------|-------------|
| Forwarded        | Recommended |
| Section/Unit I/C | HOD         |

(4)Administrative Approvals:

|                   |                                  |                       |
|-------------------|----------------------------------|-----------------------|
| Checked           | Verified &submitted for approval | Approved as per rules |
| Dealing Assistant | Assistant Registrar (Admin)      | DDA/Director          |



**All India Institute of Medical Sciences, Bhubaneswar  
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**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)



**All India Institute of Medical Sciences, Bhubaneswar**  
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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 complied from time to time. I/we understand that any violation will attract legal  
proceedings and penal provision as per Govt. rules.

|   |  |                       |  |
|---|--|-----------------------|--|
| Signature of Spouse,<br>if employed elsewhere<br>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

Day

Month

Year

6. Date of Birth

7(a). Nationality:

7. (b) Category: SC ST OBC Gen

8. Academic Record starting with Secondary Education:

| Examination | Branch/Specialization | College/university/Institute | Year | % of Marks/Grade | Division |
|-------------|-----------------------|------------------------------|------|------------------|----------|
|             |                       |                              |      |                  |          |
|             |                       |                              |      |                  |          |
|             |                       |                              |      |                  |          |
|             |                       |                              |      |                  |          |
|             |                       |                              |      |                  |          |
|             |                       |                              |      |                  |          |

9. Professional Experience Record:

| Name of Institution/University | Position Held | Date of Joining | Date of Leaving |
|--------------------------------|---------------|-----------------|-----------------|
|                                |               |                 |                 |
|                                |               |                 |                 |
|                                |               |                 |                 |

10. Please provide your family details (dependents only)

| S.No | Name | Date of Birth | Relationship | Present occupation |
|------|------|---------------|--------------|--------------------|
|      |      |               |              |                    |
|      |      |               |              |                    |
|      |      |               |              |                    |
|      |      |               |              |                    |
|      |      |               |              |                    |
|      |      |               |              |                    |
|      |      |               |              |                    |

**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 \_\_\_\_\_  
\_\_\_\_\_





**All India Institute of Medical Sciences, Bhubaneswar  
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**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)                                      |
| 1    |                    |                   |                                |  |
| 2    |                    |                   |                                |  |
| 3    |                    |                   |                                |  |
| 4    |                    |                   |                                |  |

Signature of the Government servant

DDA



**All India Institute of Medical Sciences, Bhubaneswar**  
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## 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.
2. 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.
3. 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/Gol at any stage, my appointment may be cancelled.
4. 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 with 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 upto 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 the property (see Note 2 below) | Particulars of sanction of prescribed authority if any | 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 upto 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. | Amount | Name and address of Creditor | 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.

Before the Notary Public, Bhubaneswar

**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 Bhubaneswar.
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, Bhubaneswar.
6. That this affidavit is required to be produced before the Director, AIIMS, Bhubaneswar 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, Bhubaneswar

## CANDIDATE'S STATEMENT & DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the Declaration appended thereto.

1. State your name in Full  
(In Block Letters) : \_\_\_\_\_  
  
Father's Name : \_\_\_\_\_
2. State your Age & Birth Place: \_\_\_\_\_
3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands spitting of blood, asthma, heart disease, fainting attacks, Rheumatism, appendicitis ? : \_\_\_\_\_  
  
(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment ? : \_\_\_\_\_
4. History of vaccination : \_\_\_\_\_
5. I have you or any of your near relations been afflicted with gout, asthma, fits, or insanity ? :  
\_\_\_\_\_
6. Have you suffered from a degree of deafness.:
7. Have you suffered from any form of nervousness due to over work or any other cause
8. Furnish the following particulars concerning your family. (disease trend in family and premature death if any)  
\_\_\_\_\_

Photograph



Above statements are true and I have not suppressed any information.\*

Candidate's signature

Signed in my Presence Chairman of the board

\*Note :- The candidate will be held responsible for the accuracy of above statements

\*For female candidate- **Chest radiograph to be done only after gynaecology clearance**

**Report of the medical Board on**  
Name of the Candidate-

1. i) Height (Without shoes) \_\_\_\_\_ cm Weight \_\_\_\_\_ kg  
 Chest circumference : After full inspiration \_\_\_\_\_ cm\_ full Expiration \_\_\_\_\_ cm  
 ii) Respiratory system \_\_\_\_\_  
 iii) Circulatory system \_\_\_\_\_  
 (a) Heart: Any organic lesions : \_\_\_\_\_  
  
 Rate Standing \_\_\_\_\_  
 ECG (pl attach) – date - \_\_\_\_\_ Please mention abnormality if any  
 (b) Blood pressure \_\_\_\_\_ Pulse rate \_\_\_\_\_ SpO<sub>2</sub> \_\_\_\_\_ in room air  
 iv) Nervous system: \_\_\_\_\_  
 v) Loco Motor system: \_\_\_\_\_  
 vi) Skin: (any obvious disease)

**Remarks**

(Name & Signature Faculty of Medicine)

2. **Eyes :** (a) Any disease : Yes (mention) /No \_\_\_\_\_  
 (b) Defect in colour vision: Normal/ Abnormal (mention)  
 (c) Field of vision: Normal/ Abnormal (mention)  
 (d) Visual acuity : \_\_\_\_\_

|                | Acuity of vision      | Without glass | With glass |
|----------------|-----------------------|---------------|------------|
| Near Vision    | Right Eye<br>Left Eye |               |            |
| Distant Vision | Right Eye<br>Left Eye |               |            |

**Remarks**

(Name & Signature of Faculty Ophthalmology)

3. Ears Inspection \_\_\_\_\_ Hearing \_\_\_\_\_ Right Ear: \_\_\_\_\_

Left Ear: \_\_\_\_\_

Glands: \_\_\_\_\_ Thyroid \_\_\_\_\_

General condition of teeth and oral cavity \_\_\_\_\_

**Remarks**

(Signature of Faculty Otolaryngology)

4. Abdomen: Tenderness \_\_\_\_\_ Hernia \_\_\_\_\_  
(a) Palpable: Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Kidneys \_\_\_\_\_  
Any others \_\_\_\_\_  
Genito Urinary System: Hydrocele \_\_\_\_\_ Varicocele \_\_\_\_\_  
  
(b) Hemorrhoids \_\_\_\_\_ Fistula \_\_\_\_\_ Varicose Vein \_\_\_\_\_  
(c) Lymphadenopathy (Palpable) \_\_\_\_\_

**Remarks**

(Name & Signature of Faculty Surgery)

5. Gynecologic history and examination( for female candidates):

Status: Single/ married  
Age at menarche: yrs  
History of Polycystic ovarian syndrome( PCOS): yes / no  
Last visit to gynaecologist and reason of visit: yes / no  
Last whole abdominal ultrasound done and indication : yes / no  
Past history of Tuberculosis/ intake of ATT: yes / no  
Past history of gynaecologic surgery/ intake of chemotherapy: yes / no

Menstrual cycle:

Length: Duration of flow: Regularity:  
Associated dysmenorrhoea: Last menstrual period( LMP):

Examination: 1) lymphadenopathy/ scars/ other deformities:  
2) Breasts and axilla for any evidence of Mass/ abnormal discharge:  
3) Abdomen examination

**Remarks**

(Name & Signature of Faculty, Obst. & Gyn)

6. Hematology, Blood Sugar, Urine analysis report (To be attached)

Blood group and Rh factor –(if known)

**Remarks** (Please mention if any major abnormalities)

(Name & Signature of Faculty, Biochemistry)

7. Report of screening chest radiograph (no- date- )

(Name & Signature of Faculty Radiodiagnosis)

8. Mention if there is anything in the health of the candidate likely to render him/her unfit?

Note: Record their finding under one of the following categories and strike out others

- (i) Fit
- (ii) Unfit on the following reasons \_\_\_\_\_
- (iii) Temporarily unfit on account of \_\_\_\_\_

**Chairman Medical Board**  
Seal/Name

Dated : \_\_\_\_\_

Special medical board opinion (if required)

  
  

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OFFICE OF THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHUBANESWAR (ODISHA)

ATTESTATION FORM

WARNING:- The furnishing of false information or suppression of factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for employment under the Government.

2. If detailed, convicted, debarred etc. subsequent to the completion and submission of this Form the details should be communicated immediately to the Ministry of Health & Family Welfare, Government of India, New Delhi or the authority to whom the attestation form has been sent earlier, as the case may be failing 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 been suppression of any factual information on the attestation form comes to notice at any time during the service of a person, his/her service would be liable to be terminated.

1. Name in full (in block capitals) with address, if any, please indicate if you have added or dropped in any stage any part of your name or surname.

SURNAME

NAME

2. Present address, in full (i.e. Village, Thana & District or House No., Lane, Street, Road & Town)

3 (a) Home Address in Full (i.e. Village, Thana & District or House No., Lane, Street, Road Town & name of the 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 period of residents) where you have resided over 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 & District or House No., Lane, Street, Road & Town)

Name of the District Headquarters of the place mentioned in the preceding Column

| 5(a). | Name in full<br>(Aliases, if any) | Nationality<br>(by birth<br>and/or by<br>domicile) | Place of<br>Birth | Occupation<br>if employed<br>give<br>designation<br>& official<br>address | Present Postal<br>address if dead<br>give a last<br>address | Permanent<br>Home<br>address |
|-------|-----------------------------------|--|-------------------|---|---|------------------------------|
| i)    | Father                            |  |                   |   |   |                              |
| ii)   | Mother                            |  |                   |   |   |                              |
| iii)  | Wife/Husband                      |  |                   |   |   |                              |
| iv)   | Brothers                          |  |                   |   |   |                              |
| v)    | Sisters                           |  |                   |   |   |                              |

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<br>(By birth /<br>domicile) | Place of<br>Birth | Country in<br>which studying<br>with full address | Date from which studying/living<br>in the country mentioned in<br>previous column |
|------|---|-------------------|---|---|
|------|---|-------------------|---|---|

6. Nationality of the candidates

7. (a) Date of Birth  
(b) Present Age  
(c) Age at Matriculation

8. (a) Place of Birth, District, and State in which situated.  
(b) District and State to which you belong  
(c) District & State to which your father originally belong

9. (a) Your Religion  
(b) Are you a member of a Scheduled Caste/  
Scheduled Tribe/OBC (Please indicate)

10. Educational qualification showing places of education with years in Schools & Colleges since 15 years of age.

Name of the School/College with full address    Date of entering    Date of leaving    Examination Passed



11. (a) Are you holding or have any time hold on appointment under the Central Govt. or State Govt. or a Semi Govt. or a Quasi Govt. Body or an Autonomous Body or a Public Undertaking with date of employment upto date.

| Period |    | Designation, Emoluments & nature of employment | Full name & address of employers | Reasons for leaving previous service |
|--------|----|--|----------------------------------|--------------------------------------|
| From   | To |  |                                  |                                      |

11. (b) If the previous employment was under the Govt. of India, a State Govt./An Under-taking owned or controlled by the Govt. of India or a State Govt./ an autonomous body/University/Local Body. If you had left service on giving a month's notice under Rule 5 of the Central Civil Service (Temporary Service) Rules, 1965 or any similarly corresponding rules were and disciplinary proceedings framed against you or had you been called up to explain conduct in any matter at the time you gave notice of termination of service, or at subsequent date, before your service actually terminated?

12. (1)(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 restricted by any University or any other Educational Authority/Institution? Yes/No
- (h) Have you ever been debarred/disqualified by any Public Service Commission for any of its 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

12. (2) If the answer to any of the above mentioned questions is 'yes' give full particulars of the case/arrest/detention/time/conviction/statement/punishment etc. and or the nature of the case pending in the Court/University/Educational Authority etc. at the time to filling up this form.

NOTE: i) Please also see the 'WARNING' at the top of this Attestation Form.  
ii) Specific answers to each of the questions should be given by striking out 'YES' or 'NO' as the case may be.

13. Name of the two responsible persons at your locality or two residents to whom you are known
- 1.
- 2.

I certify that the foregoing information is correct and complete to the best of my knowledge and believe. I am not aware of any circumstances, which might impair any fitness for employment under Government.

Place:  
Date:

Signature of the Candidate