

INSTRUCTIONS FOR FILLING THE APPLICATION FORM

- This Scannable Application Form is to be processed on ICR scanner, therefore get it photocopied/down loaded on an **A-4 size Paper** before filling. Fill in the Application Form in your own hand writing, clearly and legibly in **BLOCK LETTERS**. Do not overwrite.
- Fill in the application form from Item No.1 onwards with blue or black ball point pen. Do not write anything in the Columns meant for "Official use only".
- Wherever choice has to be indicated by putting a tick mark [, take care to put the tick mark prominently and within the box only.
- No document should be attached with this Scannable Application Form. However, copies of certificates/documents such as educational/professional* qualification, (*registration with concerned Central/State Medical/Dental/Nursing/ Pharmacy/ Technical Council), Registration with Employment Exchange, Working experience in the field applied for, "No Objection Certificate" if working with Central/State Government (those working with Public Sector Undertaking or with Private Sector should also submit NOC from their employers), Caste/Community certificate, Handicapped certificate etc. should be submitted at the time of Interviews.

5. Guidelines to fill in Columns 1 to 16:

Col.1. **Post applied for:** Write the name of the post you are applying. Also write the CODE No. of the post as notified in the Advertisement.

Col.2. **Full name :** Write your name in BLOCK LETTERS as given in the records of the Secondary Education Board/University. If the boxes provided are insufficient, abbreviate your middle name and write your first and last name in full e.g. an applicant NIKHILESH RANJOMAN CHATTOPADHYAYA should write his name as shown below:

N	I	K	H	I	L	E	S	H		R		C	H	H	A	P	O	D	H	Y	A	Y	A
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Start writing from the first box itself. Do not write Mrs/Ms/Mr etc. Leave one box blank between two parts of the name.

Col.3 & 4. **Father's and Mother's name:** Same as above.

Col.5. **Date of birth:** Fill in your date of birth as recorded in Secondary School leaving Certificate or equivalent examination. The date (e.g. 23rd May, 1985) is to be written as under:

2	3	0	5	1	9	8	5
DD	MM	YY	YY				

Col.6. **Sex :** If male, tick [, in the box below 'Male'. If female, tick [, in the box below 'Female'.

Col.7. **Nationality :** If your nationality is Indian, tick [, in the box below the word 'Indian'. If your nationality is other than Indian, tick [, in the box below the word 'Other'.

Col.8. **Category:** Tick [, in the appropriate box for the category under which you wish to be considered.

SC-Scheduled Caste, ST-Scheduled Tribe, OBC-Other Backward Classes, UR - Unreserved Category

Col.9. **State of Domicile :** Write the appropriate Code in the boxes. Code numbers for the various States and the Union Territories are given hereunder:

Code - States & UTs	States/UTs - Code	Code - States & UTs
01 - Andhra Pradesh	Karnataka - 13	25 - Tamil Nadu
02 - Arunachal Pradesh	Kerala - 14	26 - Tripura
03 - Assam	Madhya Pradesh - 15	27 - Uttar Pradesh
04 - Bihar	Maharashtra - 16	28 - Uttarakhand
05 - Chhattisgarh	Manipur - 17	29 - West Bengal
06 - Delhi	Meghalaya - 18	30 - Andaman & Nicobar
07 - Gujarat	Mizoram - 19	31 - Chandigarh
08 - Goa	Nagaland - 20	32 - Dadra & Nagar Haveli
09 - Haryana	Orissa - 21	33 - Daman & Diu
10 - Himachal Pradesh	Punjab - 22	34 - Lakshadweep
11 - Jammu & Kashmir	Rajasthan - 23	35 - Pondicherry
12 - Jharkhand	Sikkim - 24	

Col.10. **Whether in Central/State Government Service: a)** If you are employed with Central/State Government, tick [, in the box below the word 'Yes'. If not, tick [, in the box below the word 'No'. If you are in service (Regular or Temporary/Ad hoc), tick [, in the appropriate box. **b)** Mention the date of appointment. **c)** Write in the box the present post/position held.

Col.11. **Physically Challenged Candidates:** If applicable, tick [, in the appropriate box for disability with regard to **OH, VH, HH**. Also write the percentage (%) of disability in the box.

Col.12. **Educational/Professional Qualification:** In Col.12 **a)** Tick [, in the appropriate box. In **b)** write the year of passing the exam in the space provided and in **c)** write the aggregate % of marks obtained in the respective examination

Col.13. **Registration Number:** If you possessed any of the professional qualification and you are registered with any of the Council (viz. MCI/DCI/State Medical/Dental Council, Indian Nursing Council/State Nursing Council, Central/State Pharmacy Council, Council for Technical Education or any other Council) which makes you eligible for the post applied for, tick [, in the box below 'YES' in Col.13 **a)**. If 'YES', write the registration number in Col. 13 **b)**. In Col.13 **c)** write the date, month and year of registration. In Col. **d)** write the name of the Council and in Col. 13 **e)** write the State CODE (for State Codes please see Col.9 above). If you are not registered with any of the Council, tick [, in the box below 'NO' in Col.13 **a)** and write N.A. in Col. 13 **b)**.

Col.14. **Name & full Mailing/Permanent Address :** Write your name in the first line, full mailing address within the next lines in Col. 14 **a)** and Permanent Address in Col.14 **b)**, STATE and PIN Code, clearly & legibly, in CAPITAL LETTERS and within the space provided because the facsimile of the name and address written by you in this column will be printed on your Admit Card. Please note that the AIIMS will not be responsible for any delay in or non-receipt of Admit Card caused by failure in your part to scrupulously follow these instructions.

Col.15. **Photograph:** Affix firmly a recent high contrast passport size photograph with light background in the space provided for the purpose. The photo should be pasted (not pinned or stapled). Application without photograph will be rejected.

Col.16. **Signature of the candidate :** Put full signatures in the space provided for this purpose. The signatures should be clear and strictly within the box.

Col.17. Leave this space blank for office use.

Col.18. **Demand Draft :** Write the details such as name of issuing branch, PO/DD No., Date and Amount of Pay Order/Demand Draft

Col.19. **UNDERTAKING :** You must sign the 'UNDERTAKING' and get your signature attested by a Gazetted Officer. Unsigned application will be rejected.