



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

AIIMS/BBSR/Admin/Con. Staff Nurse Gr – II/469

Date : 13-01-2016

With reference to the Advertisement No. AIIMS/BBSR/Admin/Con. Staff Nurse Gr – II/469 dated 30-10-2014, the Competent Authority of AIIMS, Bhubaneswar has approved to issue the Offer of Appointment to 25 Nos of candidates from the Merit List which were of follows:

SI No	Roll No	Name	Category	Date of Birth
1	15022489	MAMATA SWAIN	UR	15-06-1987
2	15021259	RUKCHHANDA NAYAK	UR	10-06-1991
3	15021589	PRAJNA PARIMITA JENA	UR	04-06-1988
4	15020527	SWARNALATA PANDA	UR	05-06-1985
5	15022359	ASHA MANJAREE DIP	UR	23-06-1989
6	15020921	RANJITA JENA	UR	15-03-1987
7	15020552	MADHUSMITA MOHAPATRA	UR	24-01-1991
8	15021690	HARIPRIYA SAHU	UR	14-04-1989
9	15021288	SRITAMA MONDAL	UR	17-10-1986
10	15021494	PUJA KUMARI MISHRA	UR	16-05-1991
11	15020654	PHULA MOHANTA	UR	08-04-1988
12	15020196	ASHOK KUMAR ROUT	UR	22-06-1991
13	15020598	ROSLIN DEEP	UR	25-06-1985
14	15021215	J.SESHA NAIDU	UR	11-06-1989
15	15021559	SONUITA DHARA	UR	21-09-1991
16	15022846	RASHMIPRAVA DAS	UR	26-10-1991
17	15020035	PRATIVA KHETI	UR	11-06-1989
18	15021869	SHYAGAMREDDY PEDDA ANJIREDDY	UR	05-06-1991
19	15020218	SINDU NANDINI BEHERA	OBC	07-10-1992
20	15020013	SUBAS PATRA	OBC	07-03-1992
21	15020972	BHUPENDRA SINGH RATHORE	OBC	03-11-1990
22	15022788	CHANDRA KANT	SC	06-01-1996
23	15022917	ROOPCHAND MORYA	SC	07-07-1990
24	15021133	SHILPA DIPALI KHAKHA	ST	04-02-1991
25	15020647	PRIYA RAJNI XALXO	ST	10-08-1988

Administrative Officer
AIIMS, Bhubaneswar

CANDIDATE'S STATEMENT & DECLARATION

Annexure - 1

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. 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 _____ SpO₂ _____ 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 Left Eye		
Distant Vision	Right Eye 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)

2. IDENTITY CERTIFICATES

(Certificate of be signed by any one the following)

- (i) Gazetted officers of central or State Government
- (ii) Members of Parliament of State legislature belonging to the constituency where the
- (iii) candidate or parent/guardian is ordinary resident:
- (iv) Sub-Divisional Magistrates/Officers:
- (v) Tehsildars or Naib/Deputy Tehsildars authority to exercise magisterial powers:
- (vi) Principal/Head-Master of the recognized School/College/Institution Where the
- (vii) candidate studied last:
- (viii) Block Development Officer:
- (ix) Post – Masters :
- (x) Panchayat Inspectors :

Certified that I have known Shri/Smt/Kumari/Dr.
_____ son/daughter /wife Of Shri
_____ for the last
_____ Year _____ months and that to the best of my
knowledge and belief the particulars furnished by him/her are correct.

Place _____

Signature _____

Date _____

Designation or status and address

TO BE FILLED BY THE OFFICE

- (1) Name, designation and full address of
The appointing authority.
- (2) Post for which the candidate is being considered :

3. CERTIFICATE OF CHARACTER

Certified that I have knowledge _____
Son/Daughter Shri _____ for the last
_____ years _____ or and that to the best of my
knowledge and belief he/she bears reputable character and has no antecedents render
him unsuitable for employment in this institute.

Mr./Ms. _____ is not related to me.

Place: _____

Signature _____

Dated: _____

Designation _____

Dist. Magistrate or Sub-Divisor

Magistrate or Gazette Officer

4. HOME TOWN DECLARATION FORM

DEPARTMENT _____

DATED THE _____

I, _____ employed a _____ in the
All India Institute of Medical Sciences, Bhubaneswar in the Department Section hereby declare
_____ Dist. _____ nearest railway station
_____.

COUNTER SIGNED

SIGNATURE OF THE CANDIDATE

SIGNATURE _____

NAME _____

DESIGNATION _____

DESIGNATION _____

5. JOINING FORM

To

**The Director
All India Institute of Medical Sciences
Bhubaneswar**

Sub:- Joining for the post of _____ in the All India Institute of Medical Sciences, Bhubaneswar.

Dear Sir,

In pursuance to the offer of appointment No. _____, Dated _____, I hereby report for joining as _____ in the Department of _____ from _____ (Forenoon/Afternoon). I understand and accept the terms & Conditions of employment that has been explained in offer of appointment.

It would be kind enough if you accept this joining letter.

Your's Sincerely,

Name : _____

Address: _____

Mobile No: _____

Email ID: _____

(_____)
Signature

Form 2: Employee Address Information

Name of Department: _____

Present Address Detail

Present Address: _____

State: _____

District : _____

Block: _____

Panchayat : _____

Pin Code: _____

Phone Number: _____

E-mail(if any)_____

Mobile Number: _____

Permanent Address Detail

Present Address: _____

State: _____

District : _____

Block: _____

Panchayat : _____

Pin Code: _____

Phone Number: _____

E-mail(if any)_____

Mobile Number: _____

Joining Details

Date of Appointment: _____ Order Number:_____

Office name at the time of initial joining in Dep't:_____

Date of Joining in the Dep't:_____ Initial Designation:_____

Mode of Recruitment:_____ Class:_____

Employee Type:_____

(_____)
Name & Signature

Affix Passport
Size Photograph

WARNING: The furnishing of false information or suppression of any factual information in Attestation Form would be a disqualification and is likely to render the candidate unit employment under the Govt.

2. If detained convicted debarred etc. subsequent to the completion submission of this for the details should be communicated immediate to the All India Institute of Medical Sciences or the authority to whit attestation for has been sent earlier as the case may be, falling which it we deemed to be a suppression of fractural information.
3. If the fact that the false information has been furnished or that there has I finished or that here has been suppression of any fractural information the attestation form comes to notice at any time during the service period the service of the person would be liable to be terminated.

1. Name in full (in block capitals) With aliases, if any(please indicate if you have added or dropped in any stage any part of your name or summate)	SURNAME	
2. Present Address in full (i.e. Village. Thana and District or House Number. Lane/Street/Road and Town).		
3. (a) Home Address in full (i.e. Village, Thana and District or House Number, Lane/Street/Road and Town and name of District Headquarters)		
(b) If originally a resident of Pakistan. The address in that country and the date of migration Indian Union.		

4. Particulars of places (with periods, of residences) where you have resided for 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 and Distt. Or house No. Lane/Street Road and Town	Name of the Dist. Head Quarter of the Place mentioned in the Proceeding Co.

S.No.	Name	Nationality by birth and/or by domicile	Place of Birth	Occupation (if employed gives design. & Official Address	Present Postal Address(in deal give last Address	Permanent Home Address
1) Father 2) Mother 3) Wife/ Husband 4) Brother (S) 5) Sister (S)						

5. (a) Information to be furnished with regard to sons(s) in case they are studying/living in a foreign country.

Name	Nationality by birth or domicile)	Place of Birth	Country in which studying/living with full address	Date from which studying/ living in the country mentioning previous Coolum

6. Nationality

7. (a) Date of Birth (a)
(b) Present Age (b)

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

9. (a) Your Religion (a)

(b) Are You a member of Scheduled Cast/ (b)

Schedule Tribe? answer Yes or No and if the

answer is Yes state the name there of

10. Education Qualification showing places of education with years in Schools and Colleges 15th Year of Age

Name of School/ College with full	Date of entering	Date of leaving	

11. (a) Are you holding or have anytime held an appointment under the central or state Govt. or semi-Govt. quasi- Govt. or and autonomous body or a public undertaking or a private firm or institution/so. Full particulars with dates of employment, up-to date.

Period From	To	Designation. Employments and nature of employment	Full name and address of employer	Reasons for leaving previous service

11. (b) If the previous. Employment was under the govt. of India or a State Govt./an undertaking owned or controlled by the Govt. of India or a State govt./an autonomous body/University Local body.

If any had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rule, 1965, or any similar corresponding rules were any disciplinary proceedings framed against you, or has you been called upon to explain your conduct in any matter at the time you gave notice of termination of services) or at a subsequent date, before your service actually terminated?

12. (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 bund down? Yes/No
- (e) Have you ever been fined by a Court of Law Yes/No
- (f) Have you ever convicted by a Court of Law for any offence? Yes/No
- (g) Have you ever been debarred from and examination or rusticated by and University Yes/No
- (h) Have you ever been debarred/disqualified by any Public service Commission from Appearing at its examination/selecting? Yes/No
- (i) Is any case lending against you in any court of law at the time of filling up this Attestation From? Yes/No
- (j) Is any case pending against you in any university or any other educational authority Yes/No
- (k) If the answer to any of the above mentioned questions is "Yes" give full particular of the case/ Arrest/detention/fine conviction/ sentence/punishment etc. and /or the nature of the case Pending in the Court University/Educational Authority etc., at the time of filling up this from.

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 our "Yes" or "No" as the case may be.

13. Name of two responsible persons of your

Locality or two references to whom you are know 1. _____

2. _____

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

Signature of Candidate _____

Date _____

Place _____

DECLARATION

I, _____ declare
as under:-

- (i) That I am Bachelor/Widower/Married
- (ii) That I am married and have only one wife living/that I am married to a person who has other wife living.
- (iii) That I am married and have more than one wife.

That I am married to a person who has another wife living I request that in view of the reasons stat below:

I may be granted exemption from the operation of restriction on the recruitment to service of persons having married to a person having more than one wife living.

I solemnly affirm that the above declaration is true and I understand that in event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service, at any time.

Name: _____

Signature: _____

Dated: _____