

**Check List for Joining As Tutor/Clinical Instructor in College of
Nursing of AIIMS, Bhubaneswar**

| | |
|-----|--|
| 1. | Acceptance for joining in 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. |
| 9 | Declaration for spouse of spouse is employed in the prescribed format |
| 8. | Declaration for SC/ST/OBC/PwD in the prescribed format. |
| 10. | Marital Declaration. |
| 11. | Employee Data Sheet in the prescribed format |
| 12. | Undertaking in the prescribed format. |
| 13 | Undertaking for tendering resignation. |
| 14. | Attestation Form in the prescribed format |
| 15. | Form for New Pension Scheme(details to be furnished by the Govt. Servant) |
| 16. | Declaration of Immovable and movable property. |
| 17 | Affidavit on non-judicial stamp paper mentioning that all your educational qualifications and teaching/research experiences are from NCI recognised Institutes/ College. |
| 18 | Character Antecedent Form |
| 19 | Joining report application. |
| 20. | Medical Examination Report in the prescribed format. |
| 21. | Self attested copies of all educational, research & experiences certificates |
| 22 | Discharge/Relieving certificate from your previous employer. |
| 23. | OBC Certificate issued by the Competent Authority after 1 st April 2016- for OBC Candidate only. |

Name : _____

Date : _____

Dated :

To

**The Director
AIIMS, Bhubaneswar**

Sub: Submission of acceptance for Joining as Tutor/Clinical Instructor in College of Nursing AIIMS, Bhubaneswar.

Dear Madam,

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. 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**

CHARACTER CERTIFICATE

Certified that I have known Dr. /Mr./Ms./..... Son/daughter of Shri..... for the last.....yearsmonths. He/She bears a good moral character and is ofnationality. 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



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

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_____

Designation_____

Department_____



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

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 :

Signature of Head of Office



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

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 _____

Designation _____

Department _____



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

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 _____

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 | 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 | Relationship | Marital Status | Place mention the category: (a)Employed (b)Pensioner (c) Family Pensioner (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] (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
Sijua, Post: Dumuduma, Bhubaneswar - 751 019

The Director
AIIMS, Bhubaneswar

DECLARATION FOR SC/ST/OBC/PwD

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. In case it is
found at any stage that this declaration is incorrect, then my appointment will be
terminated without giving me any opportunity for representation.

Date: _____ Signature of the candidate

Name & permanent address

.....
.....

..... (Note: To be filled only by OBC category)



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

Date: _____

DECLARATION

I,.....son/daughter of Shri.....resident of village/town/citydistrict 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, if employed elsewhere in Govt establishments | | Signature of Employee | |
|---|--|-----------------------|--|
| Name | | Name | |
| PF No | | PF No | |
| Designation | | Designation | |
| Department | | Department | |
| Address | | Address | |
| | | | |
| | | | |
| | | | |



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

MARITAL DECLARATION

(To be obtained from new entrants to Government Service)

1. I, Shri/Smt./Kum. _____ declare as under :-
 - (i) That I am unmarried/a widower/a widow.
 - (ii) That I am married and have only one spouse living.
 - (iii) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
 - (iv) That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.
2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date :

Signature_____

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



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

UNDERTAKING

1. The furnishing of the false information or suppression of factual information on my joining would be a disqualification and will render my appointment to be cancelled at any stage.
2. If it has been found that I have furnished false information or that there has been suppression of any factual information which come to the notice at any time during my service, my service will be liable to be terminated.
3. The experiences as mentioned on my online application are experiences from the teaching Institutes and the same is recognised by NCI/Govt of India. In case it is found that the same is not recognised by NCI/GoI 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, then my appointment will be treated as cancelled.

Signature with Date

Name :



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

UNDERTAKING NOT TENDERING RESIGNATION WITHIN 6 MONTHS

I will not tendering resignation within 6 months after joining AIIMS Bhubaneswar.

Signature with Date

Name :-----

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.

| | | |
|--|----------------|-------------|
| | <u>SURNAME</u> | <u>NAME</u> |
|--|----------------|-------------|

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 (Aliases, if any) | Nationality (by birth and/or by domicile) | Place of Birth | Occupation if employed give designation & official address | Present Postal address if dead give a last address | Permanent Home 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 (By birth / domicile) | Place of Birth | Country in which studying with full address | Date from which studying/living in the country mentioned in 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

P.T.O

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



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

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

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. 1

Statement of immovable property on first appointment as on the 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 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 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 Mr/Ms _____ aged about _____ years, Son/daughter 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 nursing practice.
3. That presently I am not working at any other Institutions or Medical College or Nursing College Government/Autonomous/Semi Government Organisation. I have been relieved by the Institution where I was working previously before joining AIIMS Bhubaneswar and my resignation was accepted by the Government Authority where I was working earlier.
4. That I have passed B Sc Nursing in the year _____ and M Sc Nursing in the year _____. I have valid registration for the same from the Regulatory Agency.
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 experiences from Teaching Institution are from MCI/NCI recognised Institutes/College.
8. That I am having requisite qualification and experiences from teaching Institutes as on the last date of the receipt of application in terms of terms and conditions of the advertisement. In case, it is found that any stage or even after joining the post that I have not fulfilled all eligibility criteria of the advertisement, then my appointment to this post will be terminated.

That the facts stated above are true to the best of knowledge and belief.

Deponent

Deponent

Notary Public, Bhubaneswar

(character antecedent from)



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

I, Ms/Mr _____ Son/Daughter/Husband/Wife of
_____ presently resident at

declared as under :-

1. I have not ever been arrested.
2. I have not ever been prosecuted.
3. I have not ever been kept under detention
4. I have not ever been bound down.
5. I have not ever been fined by a Court of Law.
6. I have not ever been convicted by a Court of Law for any offence.
7. I have not ever been debarred from any Examination or restricted by any University or any other Education Authority/Institution.
8. I have not ever been debarred/disqualified by any Public Service Commission or Recruitment or any other Examinations/Selection.
9. No case pending against me in any Court of Law as on date.
10. No case pending against me in any University or any other Educational Authority/Institution as on date.
11. I have never been discharge/withdrawn from any Training Institution under the Govt. or otherwise.

Based on the above declaration, I may kindly be issued provisional appointment order which is pending for verification of character antecedent from the appropriate authority.

I hereby under take that in case of anything adverse is found in contradiction to the above declaration the provisional offer of appointment may be cancelled without giving further opportunity.

Date: _____

Signature of the candidate

Name

Permanent address

Note : This is for sample. It should be typed & signed by the candidate in a Rs. 10/- stamp paper

From :

To,

**The Director
AIIMS, Bhubaneswar**

**Subject : Joining Report for the post of Tutor/Clinical
Instructor in College of Nursing at AIIMS,
Bhubaneswar**

Sir,

**I Dr/Ms/Mr/Miss _____
received your Offer of Appointment issued for Totor/ Clinical
Instructor in College of Nursing, AIIMS, Bhubaneswar.
Medical formalities have been completed. Now I want to
join in AIIMS, Bhubaneswar on _____ (FN/AN).**

Kindly accept my joining report.

Thanking you.

Yours faithfully,

CANDIDATE'S STATEMENT & DECLARATION

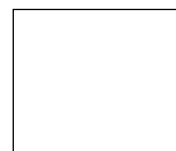
The candidate must make the statement required below prior to his medical examination and must sign the Declaration appended thereto.

1. State your name in full
photograph
(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) : _____



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 colourvision : 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. Gynaecologic 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)

