



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

**Check List for Joining**

1.	Joining Report.
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.	Declaration for SC/ST/OBC/PH in the prescribed format.
7.	Attestation Form in the prescribed format (Four copies)
8.	Medical Examination Report in the prescribed format.
9.	Discharge/Relieving certificate from your previous employer, if any.

Dated :

To

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

**Sub: Submission of Joining Report – regarding.**

Dear Sir,

With reference to your offer of appointment letter No. ....dated.....I report myself on duty in the forenoon / afternoon of ..... in the post of .....

I thank you once again for providing me the opportunity to serve the Institute. I will perform my duties sincerely, honestly and to the best of my abilities.

Yours sincerely,

Name: .....

Designation .....

Department .....

Date of birth .....



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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\_\_\_\_\_



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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 :



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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 :



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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 \_\_\_\_\_



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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)





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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

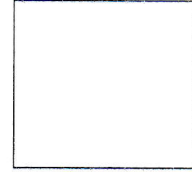
**Note : This is for sample. It should be typed & signed by the candidate in a Rs. 10/- stamp paper.**

## 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) : \_\_\_\_\_

Photograph



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 \_\_\_\_\_ 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 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)

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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 (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



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