BEFORE THE NOTARY PUBLIC AT _______ AFFIDAVIT

I Dr	aged about	years S/O	
address:	; Mobile	No	, do hereby
solemnly declared as	follows:		
1. That I have pass	ed my 10 th examination	on in the year	as per certificate
issued by Board	, my DOB is	·	
2. All my qualifyi	ng degrees as decla	red by me on r	ny application are
recognized by M	CI.		
3. The institute /co	ollege from which I ha	ave obtained my q	ualifying degree are
recognized by M	CI in that particular	year in which I pa	assed my qualifying
degree. There is	no legal lacuna regar	ding the recognition	on of my degree my
MCI.			
4. I have register	ed my MBBS degre	ee under	and
registered numb	er is, year	·	
5. I have registered	l my MD degree unde	r	and the
registered numb	er is, yea	ır	

- 6. All teaching and/ or research experience(s) claimed by me in the application form are valid and from institutes recognized by Medical Council of India/ Govt. of India regulatory bodies.
- 7. I belong to _____ category as per Govt. of India guidelines.
- 8. I undertake that I have not suppressed any fact and all facts submitted are true to my best of my knowledge. If any facts and figure are found wrong or concealed at any given point of time of my professional career, I may be penalized as deemed fit and my candidature to this recruitment will be treated as cancelled. Further, I also declare that I fulfill all eligibility criteria of the post for which I have been shortlisted as per the terms and conditions of the advertisement.

Deponent

Deponent Sworn before me

Annexure - I

All India Institute of Medical Sciences, Kalyani अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) कल्यानी

PASTE HERE LATEST SELF ATTESTED PHOTOGRAPH

BRIEF OF THE CANDIDATE

Name										
Post Applied Fo	r									
Department/Dis	cipline	;								
Date of Birth			Year	Mont	h	Day	Age as on	Year	Month	Day
							•••••			
Educational Qua	alificat									
Qualification		Year of	Passing	No. of Att	empts		Institu	ıtion		
H.S.C										
+2 Science										
MBBS/B.Sc.										
M.D./M.S./M.Sc.	•									
D.M./M.Ch/PhD										
D.N.B										
PGDND										
Experience(Teac		Resear	ch):	•		•				
Level/Designation	n	Fı	From T			uration	ration Organization/Instituti		stitution	
					(Year	/ Month/Day)				
Paper Publication				1						
Published in	Inde	xed	Non-Inc	dexed Accepted of Publicatio		tion Pres	Presented at Conferences			
National										
International										
Total						T				
Chapter in Book										
Awards/Recogni										
Any other inform										
Notice period re	quired	l for joi	ining							

Date: Signature of the Candidates

Note: Candidates are requested to submit 9 (nine) copies at the time of interview

Name									
Post Applied for				Disci	ipline				
Date of Birth	Year	Month	Month Day		Age as on last date of receipt of online application i.e			Month	Day
G 4									
Category	•6• 4•								
Educational Qual		D .	NT CA44	4.1		T 4	•4 4•		
Qualification H.S.C	Year of	Passing	No. of Att	empts		Inst	itution		
+2 Science									
MBBS/B.Sc. M.D./M.S./M.Sc.									
D.M./M.Ch/PhD D.N.B									
PGDND									
PGDND									
E-marianas(Tasak	·ina/Dagaa	uala) a							
Experience(Teach			TD.		4.		• 4• 5	r 4°4 4°	
Level/Designation	Level/Designation From To		10	Duration Orga (Year/ Month/Day)			nization/.	Institution	
Present Place of Wor									
Best Five Publicati	ons:								
1									
2									
3									
4									
5									

Date: Signature of the Candidates

Note: Candidates are requested to submit 9 (nine) copies at the time of interview

CHECK LIST FOR VERIFICATION OF DOCUMENTS

- Name of the Candidate:
- Name of the Department:
- Post for which short listed for Interview:
- Date of Interview:
- Date of Verification:

Please arrange photocopy and original documents in the following orders (Please tick mark: **Yes/No**)

S1.	Documents	
1	Hard copy of Application duly signed with passport size photograph	Yes/No
2	Applied through proper channel/NOC Submitted	Yes/No
3	Affidavit as mentioned in the website as annexure duly signed by	Yes/No
	Magistrate/Notary	
4	Certificate of Date of birth proof	Yes/No
5	Certificate pertaining to Category from Competent Authority (Candidates belong	Yes/No
	to OBC(Non-creamy layer) valid certificate issued during the valid period shall	
	produce)	
6	MBBS pass certificate (MBBS)	Yes/No
7	No. of attempt certificate (MBBS)	Yes/No
8	MCI Registration certificate for MBBS	Yes/No
9	MD/MS/DNB/Ph.D pass certificate	Yes/No
10	No. of attempt (MD/MS/DNB/Ph.D)	Yes/No
11	MCI Registration certificate (MD/MS/DNB/Ph.D)	Yes/No
12	DM/MCh/DNB Pass Certificate	Yes/No
13	No. of attempt (DM/MCh/DNB)	Yes/No
14	MCI Registration (DM/MCh/DNB)	Yes/No
15	DNB certificate in accordance with GOI notification dated 12th June 2012	Yes/No
16	Teaching/Research Experience certificates	Yes/No
	(SR/Asst. Professor/Associate Professor/Additional Professor/Professor/Others)	
17	Copy of all publications, awards, Fellowship etc.	Yes/No
18	Application fees documentary proof	Yes/No
19	PowerPoint presentation (3 to 5 Minutes) for suitability for the post to be	Yes/No
	submitted	
20	Please state whether you are holding regular government job as on the last date of	Yes/No
	the receipt of the application (applicable to the Govt. Employee)	

Signature of the Candidate

Remarks of the Verification Committee

Signatur of the Verification committee