Application for the post of Office Superintendent on DEPUTATION BASIS at AIIMS, Jodhpur							
Name and address in BLOCK letters						Affix here recent passport	
Father's Name						size photograph	
Date of Birth (in Christian era)							
Date of retirement under							
Central/State Government Rules							
Educational	ional Qualification						
Whether educational and other qualifications required for the post are satisfied (if any qualification has be-							
a care as equitation to the presented in the raise, state the					,		
			uired		Possessed by the other		
Essential							
Details of employments (in chronological order) enclose a separate sheet, duly authenticated by y						ed by your	
					Pay hand and Grado nay	Nature of Duties	
Office/first./Organization			From	To	(Scale of Pay if in pre-	Nature of Duties	
Nature of r	resent employmen	nt (i 🌣 ·	ad-hoc or to	mnorary or			
		-					
In case the present employment is held on deputation/contract basis, Please state: (a) the date of initial appointment (b) period of appointment on deputation/contract (c) name of the parent							
Additional details about present employment please state whether working under: (a)Central Government (b)State Government (c)Autonomous Organization (d)Government							
Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-							
Total emoluments per month now drawn.							
	Name and a Father's Na Date of Birt Date of reti Central/Sta Educationa Whether educationa Whether educated as a Essential Please state you above, Details of esignature if Office Nature of patients of the signature if Additional whether we deputation, office/orgal Additional whether we deverable whether whether we deverable whether we deverable whether whether we deverable whether whether we deverable whether whether we deverable whether whether whether we deverable whether whet	Name and address in BLOCK leads of Pather's Name Date of Birth (in Christian era) Date of retirement under Central/State Government Ru Educational Qualification Whether educational and othe treated as equivalent to the office of the signature if the space below is office/Inst./Organization Nature of present employments (in chasignature if the space below is office/Inst./Organization office/Inst./Organization office/Inst./Organization deputation/contract basis, Ple appointment (b) period deputation/contract (c) office/organization to which y Additional details about present whether working under: (a) Government (c)Autonomous undertaking (e)University Are you in revised scale of p which the revision took place revised scale.	Name and address in BLOCK letters Father's Name Date of Birth (in Christian era) Date of retirement under Central/State Government Rules Educational Qualification ii) iii) iii) iii) Whether educational and other qual treated as equivalent to the one present end and the requirement of the space below is insuff office/Inst./Organization Nature of present employments (in chronolosignature if the space below is insuff office/Inst./Organization Nature of present employment (i.e., quasi-permanent or permanent) In case the present employment (b) period of deputation/contract (c) name office/organization to which you below the deputation of the present end of the pr	Name and address in BLOCK letters Father's Name Date of Birth (in Christian era) Date of retirement under Central/State Government Rules Educational Qualification ii) iii) iii) Whether educational and other qualifications receive treated as equivalent to the one prescribed in the requirements of the poor Details of employments (in chronological order) of signature if the space below is insufficient. Office/Inst./Organization Nature of present employment (i.e.ad-hoc or te quasi-permanent or permanent) In case the present employment is deputation/contract basis, Please state: (a) the dappointment (b) period of appoint deputation/contract (c) name of the office/organization to which you belong Additional details about present employment purchase whether working under: (a)Central Government Government (c)Autonomous Organization (d)Coundertaking (e)University Are you in revised scale of pay? If yes, give the which the revision took place and also indicarevised scale.	Name and address in BLOCK letters Father's Name Date of Birth (in Christian era) Date of retirement under Central/State Government Rules Educational Qualification ii) iii) iiii iii iii iii iiii iii iii iii iii iii	Name and address in BLOCK letters Father's Name Date of Birth (in Christian era) Date of retirement under Central/State Government Rules Educational Qualification ii) iii) iii) iv) Whether educational and other qualifications required for the post are satisfied (if any qual treated as equivalent to the one prescribed in the rules, state the authority for the same). Required Pessential Pessential Pessestate clearly whether in the light of entries made by you above, you meet the requirements of the post Details of employments (in chronological order) enclose a separate sheet, duly authenticate signature if the space below is insufficient. Office/Inst./Organization Post Held. From To (Scale of Pay if in prerevised scale of pay) Nature of present employment (i.e.ad-hoc or temporary or quasi-permanent or permanent) In case the present employment is held on deputation/contract basis, Please state: (a) the date of initial appointment (b) period of appointment on deputation/contract (c) name of the parent office/organization to which you belong Additional details about present employment please state whether working under: (a)Central Government (b)State Government (c)Autonomous Organization (d)Government undertaking (e)University Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre- revised scale.	

	Additional inform	ation, if any which you would like to					
14.	mention in suppor	t of your suitability for the post. Enclose a					
	separate sheet, if t	he space is Insufficient.					
15.	Whether belongs t	o SC/ST/OBC (if yes, please specify)					
16.	Contact Nos.	1) Office					
		2) Residence					
		3) Mobile					
		4) E-mail address					
17.	If selected, specify	f selected, specify the minimum required joining time					
			Candidate's Address:				
	Signo	ature of the Candidate					
Date	:						
Cour	ntersigned:						
	[Emplo	oyer/Authorized Officer]					