



अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर, हैदराबाद
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR, HYDERABAD
"An INI under the aegis of Ministry of Health & Family Welfare, Govt. of India"
हैदराबाद मेट्रोपोलिटन क्षेत्र(एच एम आर), तेलंगाना – 508126, भारत
Hyderabad Metropolitan Region (HMR), Telangana - 508126, India

CHECK LIST FOR DIRECT RECRUITMENT: GROUP 'B' & 'C' POST

(For Joining as in AIIMS, Bibinagar)

1.	Acceptance for joining in AIIMS, Bibinagar.
2.	Character Certificate (Two Gazetted Officer) 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 of Marital Status from the new entrants to Govt. Service (along with marriage certificate if married).
7.	Home Town Declaration in the prescribed format.
8.	Declaration on Dependent Family Members in the prescribed format with a copy of age proof(both side)
9.	Certificate claiming SC/ST benefits as per Government of India prescribed format (if any).
10.	Valid OBC Certificate as per Government of India prescribed format.
11.	Declaration by OBC in the prescribed format.
12.	Certificate claiming Disability Certificates benefits (if any).
13.	Certificate claiming Economically Weaker Sections (EWSs) within one year (if any).
14.	Declaration for Spouse if employed in Government Services in the prescribed format.
15.	Employee Data Sheet in the prescribed format (both side).
16.	Attestation Form in the prescribed format (Both side Four copies duly filled and attested)
17.	Declaration of Characters and Antecedents (in ₹.20/- Stamp Paper).
18.	Undertaking for not tendering resignation within 6 months.
19.	Form for New Pension Scheme (details to be furnished by the Govt. Servant).
20.	Undertaking for submission of Factual Information given during submission of online application in the prescribed format.
21.	Medical Fitness Certificate in the prescribed format.
22.	Declaration of Immovable and Movable Property in the prescribed format (Form No I to V).
23.	Affidavit on non-judicial Stamp Paper mentioning that all your Educational Qualifications and Experiences are from recognized University/other Govt. regulating authorities.
24.	Discharge/Relieving Certificate from your previous employer in original.
25.	Self-attested copies of all Educational (10 th onwards) & Experiences Certificates.
26.	Identity Card form.
27.	Documents required for Linking Accounts for Salary.

Signature :

Name :

Date :

Dated:...../...../.....

To

**The Director,
AIIMS, Bibinagar**

Sub: Submission of acceptance for Joining in AIIMS, Bibinagar as

Sir,

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 certificates of my all qualifications and experiences are also enclosed.

I thank you once again for providing me the opportunity to serve the Institute. I will join
immediately as per the scheduled period given in Offer of Appointment.

Yours sincerely,

Name :

Designation :

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:

Designation:

Department:



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FORM - I

OATH OF SECRECY

I,..... (Name)
have been appointed as at AIIMS, Bibinagar, do swear in the
name of God/solemnly affirm that I will bear true faith and allegiance to the Official Secrets
Act/Statutes and Central Civil Services (CCS) Conduct Rules, and that I will discharge and
perform the duties of my office to the best of my ability, knowledge and judgment, without fear
or favour, affection or ill will, and that I will not directly or indirectly communicate or reveal to
any person any matter which shall be brought under my consideration.

Signature :

Name :

Designation :

Department :

Signature of Head of Office



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Dated:.....

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 :.....



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HOME TOWN DECLARATION FORM

[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 dtd. 11-1-1956.

Home Town/Place of visit	Nearest Rly Station	District/Town & State	Remarks

(Signature)

Name :

Designation :

Department :

Countersigned by

Head of Office



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DETAILS OF FAMILY
FORM-3
[Rule 54(12) of CCS (Pension) Rules, 1972]
(For Leave Travel Concession and Medical Facility)

I.....hereby declare that the following are Members of my family who are wholly dependent on me.

(i) Husband, Wife, Children, Step Children

S. No	Full Name	Relationship	Date of Birth

(ii) Father, Mother/Minor Brothers/Sisters/Widowed Daughter/Widow Sisters, residing with me

S. No	Full Name	Relationship	Age in case of Minor Brothers/Sisters/Children and date of birth	Status Married/Unmarried/Widowed

UNDERTAKING

I undertake that :-

- The children/step children claimed to be dependent to not have income exceeding 9000/- per person per month from all sources including stipend and scholarship.
- The income of parents from all sources including pension (inclusive of temporary increase in pension and pension equivalent of DCRG benefits) does not exceed Rs. 9000/- per month. (If anyone mother/father has the said income, both of them will come under dependents category.) Income Certificate of the concerned must be enclosed.
- My father is not alive/ my father is wholly dependent on me and income of my widow sisters/unmarried sisters does not exceed Rs. 9000/- per month from all sources. For each person, income Certificate must be enclosed.
- In the event of any change in the status of any of the above mentioned persons, which affects the eligibility, I shall inform the Establishment Section, All India Institute of Medical Science, Bibinagar immediately about the same.
- The particulars of dependent members of my family as given are correct. If any statement is found to be untrue I shall be liable for disciplinary action.

*** Family for this purpose means family as defined in clause (b) of sub-rule (14) of rule 54 of the CCS (Pension) Rules, 1972.**

Date :

Signature :.....

Name:.....

Designation:.....

Department:.....

Office use only

Filled in my presence	Verified & Submitted for Approval
Dealing Assistant	Administrative Officer

Definition of Family

1. Husband / Wife (First wife only)
2. Dependent Parents / Step Mother (In case adoption, only adoptive & not real parents)
3. In adoptive father has more than one wife, the first wife only.
4. A female employee has a choice to include either her dependent parents or her dependent parents in-law; option exercise can be changed only once during service.
5. Children including legally adopted children, step children taken as wards subject to the following conditions :

(I)	Son	Till he starts earning or attains the age of 25 years, whichever is earlier.
(II)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier.
(III)	Son suffering from any permanent disability of any kind (Physical or mental) as defined below	Irrespective of age limit.
(IV)	Dependent divorced/abandoned or separated from their husband / widowed daughters and dependant unmarried / divorced abandoned or separated from their husband / widowed sisters.	Irrespective of age limit provided their parents are either not alive or are themselves wholly dependent on the Government Servant.
(V)	Dependent Minor brother(s)	Up to the age of becoming a major

For the purpose of availing reimbursement of LTC/Medical for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

“Disability” will be AS DEFINED IN SECTION 2(i) OF THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996) “WHICH IS REPRODUCED BELOW:

- I. BLINDNESS
- II. LOW VISION
- III. LEPROSY CURED
- IV. HEARING IMPAIRMENT
- V. LOCOMOTIVE DISABILITY
- VI. MENTAL RETARDATION
- VII. MENTAL ILLNESS

Dependency :

Member of family (other than spouse) whose income is less than Rs. 9000*/+DA-per month are treated as dependents and are normally residing with employee.

The following documents are to be enclosed :

- I. Proof of Residence / Stay of dependents – { copy of Ration Card / Election ID / Pass Port / Identity Card Issued by College/ School / University / Bank Pass Book etc., }
- II. Proof of age of son.
- III. Attested copy of Disability Certificate issued by Competent Authority (in case of dependent son aged 25 and above).

I have read the instructions stated above and certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

(Signature of Govt. Servant)

PREScribed PROFORMAE

Performa-I

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is _____ to certify _____ that Shri/Shrimati/Kumari*
Son / daughter* of of village/town* in
District/Division* of the State / Union Territory* belongs
to the caste / tribe* which is recognised as a Scheduled Caste/Scheduled Tribe* under: -

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes certificate issued to Shri / Shrimati*.....Father / Mother of Shri / Shrimati / Kumari..... of village / town*.....in District / Division*..... of the State / Union Territory*..... who belongs to the caste / tribe* which is recognised as a Scheduled Caste / Scheduled Tribe in the State/Union Territory* of issued by the dated

% 3. Shri/Shrimati/Kumari*.....and/or*his/her* family ordinarily resides in village/town*..... of District/Division*of the State/Union Territory* of.....

Signature.....

**Designation.....

(With Seal of Office) State/Union Territory*

Place:

Date:

*Please delete the words which are not applicable. @Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term “ordinarily reside (s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

****List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.**

- (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate /† Sub-Divisional Magistrate /Taluka Magistrate /Executive Magistrate / Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer (Lakshadweep)

Proforma for Claiming OBC Benefits

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of village / town _____ in District / Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____.*. Shri/Smt./Kumari _____ and /or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993, OM No. 36033/3/2004- Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature_____

Designation_____ \$

Dated:

Seal

*-The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC. **- As amended from time to time.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950

Performa-III

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

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 36102/22/93- Estt.(SCT) dated 8-9-1993. It is also declared that

I do not belong to persons/sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt.(Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt.(Res.) dated 14th October, 2008.

Signature:.....

Full Name:.....

Address:.....

PRESCRIBED PROFORMA

Proforma-V

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

[See rule 18(1)]

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)**

Recent
Passport
size Attested
Photograph
(Showing face
only) of the
person with

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt/Kum..... son /
wife / daughter of Shri..... Date of Birth
.....(DD/MM/YY)Age.....years, male / female
permanent..... Registration No. resident of House No.
Ward/Village/Street..... Post Office
District..... State whose photograph is affixed above, and am satisfied
that:

(A) he/she is a case of :

- locomotor disability
 - dwarfism
 - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is

(A) He/ She has% (in figure).....percent Disability / dwarfism / blindness
..... (part of (in words) permanent relation Locomotor to his/her in body) as per guidelines
(.....number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability is certificate issued

Form-VI
Certificate of Disability
(In case of multiple disabilities)
[See rule 18(1)]

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)**

Recent size Passport
Attested Photograph
(Showing face only)
of the person with
disability

Certificate No.

Date:

This is to certify that we have carefully examined Shri/Smt/Kum..... /son/wife/daughter of Shri
.....Date of Birth..... (DD)/(MM)/(YY) Age years,
male/female..... Registration No..... permanent resident of House
No.....Ward/Village/Street..... Post Office
District..... State whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows:-

In figures:- percent

In words:- percent

2. This condition is progressive/ non-progressive/ likely to improve / not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after years.....months, and therefore this certificate shall be valid till.....(DD)/(MM)/(YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

Form-VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
[See rule 18(1)]

Recent Passport
Size Attested
photograph
(Showing face the
only) of person with
disability

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum son/wife/daughter of Shri Date of Birth..... (DD)/(MM)/(YY) Age years, male/female..... Registration No. permanent resident of House No..... Ward/Village/Street Post Office District..... State whose photograph is affixed above, and am satisfied that he/she is a case of disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary

Or

(ii) is recommended/ after years months, and therefore this certificate shall be valid till (DD)/(MM)/(YY)

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

(Countersignature and seal of the
Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the
certificate is issued by a medical
authority who is not a government
servant (with seal))

Signature/Thumb
impression of the person
in whose favour
certificate

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

Proforma-IX

Government of.....

**(Name & Address of the authority issuing the certificate) INCOME & ASSEST CERTIFICATE TO BE
PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No.....

Date:.....

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari
son/daughter/wife of permanent resident of,
..... Village/Street, ... Post Office,
.....District..... in the State/Union
Territory..... Pin Code.....whose photograph is attested below belongs
to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh
(Rupees Eight Lakh only) for the financial year His/her family does not own or possess any of the
following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari belongs to the
caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central
List).

Signature with seal of Office.....

Name.....

Designation.....

Recent passport
size attested
photograph of the
applicant

Note I: Income covered all sources i.e. salary, agriculture, business, profession, etc.

****Note 2:** The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her
parents and siblings below the age of 18 years as also his/her spouse and children below the age of
18 years

*****Note 3:** The property held by a "Family" in different locations or different places/cities have been clubbed
while applying the land or property holding test to determine EWS status.



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"An INI under the aegis of Ministry of Health & Family Welfare, Govt. of India"
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना - 508126, भारत
Hyderabad Metropolitan Region (HMR), Telangana - 508126, India

Date:

DECLARATION
(If Spouse is employed in Government Service)

I,.....Son / Daughter of
Shri.....resident of Village / Town /
City.....District 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 :	



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Hyderabad Metropolitan Region (HMR), Telangana - 508126, India

MARRIAGE DECLARATION FORM

1. I, Shri/Smt./Kumari. _____ declare as under :-

- (a) That I am unmarried/a widower/a widow.
- (b) That I am married and have only one spouse living.
- (c) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- (b) 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. The details of my spouse are:

- (a) Name: Sri/Smt.
- (b) Date of Birth of the spouse is: __ / __ / ____
- (c) Date of marriage is: __ / __ / ____

Recent colour passport
photograph of with
spouse duly attested

3. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect, I shall be liable to be dismissed from service.

Date :

Signature
Name :
(in Capital letters)



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Affix Stamp
Size
Photograph

EMPLOYEE DATA SHEET

1. Name in Full (First Surname)

2. Married Single Male Female

3. Mother's Name (First Surname)

4. Father's Name (First Surname)

5. (a) Present Address (for Communication) :

5. (b) Permanent Address :

Fax E-mail :

Telephone Office:

Residence:

Mobile -

6. Date of Birth

Day	Month	Year

7. Nationality:

(Contd....P/2)

-:2:-

8. Category: SC ST OBC Gen

9. Academic Record starting with Secondary Education:

Examination	Branch/ Specialization	College/University/ Institute	Year	% of Marks/ Grade	Division

10. Professional Experience Record:

Name of Institution/ University	Position Held	Date of Joining	Date of Leaving

11. Please provide your family details (dependents only)

Sl.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

Latest color
passport size
photograph of
the candidate

REVISED ATTESTATION FORM

(The candidates should properly fill the Attestation Form with his/her own hand writing)

Name of the Department Name of the Head of the Department

1 (a) Name in full (Capital letters only) with aliases, if any. Please indicate if you have added/dropped at stage or any part of your name/surname

SURNAME :

NAME :

(b) Designation of the candidate with category (Appointment by Direct Recruitment/Ex-Servicemen quota/Compassionate ground)

Enclosed supporting certificate copies of the documents

(i) Designation

(ii) Place of working

(iii) Date of Entry in to the service or Date of appointment

(iv) Direct Recruitment Ex-Serviceman Compassionate

2. Details of addresses

House/Apartment/Flat No

Name of the Apartment

Lane Name

Street and Road

Village

Mandal/Taluk

Town/City

District

State

PIN Code

Contact Phone Number	Mobile	Land line Office (with STD Code)	Land line Residence (with STD Code)

If originally a resident of Pakistan, the address in that Dominion and the date of migration to Indian Union.

--	--	--

3. Particulars of places where you have resided during the **Preceding five years** from the date of filling up of attestation form

S.No	From (Month/Year)	To (Month/Year)	Residential Address in full (i.e., House/Apartment/Flat Number, Apartment/Complex/Lane/Street/Colony and Road, Village, Mandal, District/City)	Police Station and District
1.				
2.				
3.				
4.				
5.				

4. Father's Details :

(a) Name in full with aliases, if any

--

(b) Profession

--

(c) If in serving, give designation and official address

--

(d) Present postal address (if dead, give last address)

House No.	
Lane Name	
Street & Road	
Village & Mandal	
District	
State	
PIN Code	

(e) Permanent House Address

House No.	
Lane Name	
Street & Road	
Village & Mandal	
District	
State	
PIN Code	

5. (i) Nationality of :
- (a) Father
- (b) Mother
- (c) Wife/Husband
- (ii) Place of birth of wife/Husband
6. (a) Date of birth of the applicant
- (b) Present age
- (c) Age at SSC/Matriculation
7. (a) Place of birth, District & State
- (b) District & State to which you belong
8. (a) Religion
- (b) Are you a member of Scheduled Cast/Scheduled Tribe/Backward Classes?

Scheduled Caste Scheduled Tribe Backward Classes

Please specify the Class/Tribe Grade A,B, C,D & E

Education qualifications showing places of education with years in schools and colleges since

9. 15th year of age (please enclose certified copies of study certificates and indicate whether study is regular or distance/correspondence.)

Sl. No	Course	Name of the school/college with full address (Village/Mandal/District/City)	Date of entering (Mention Month & Year)	Date of leaving (Mention Month & Year)	Examination passed with Regd. No., etc., (Name of the group i.e., Inter/Degree/Diploma/P.G. etc.,)	Police Station & District
1	SSC/Matriculation					
2	Intermediate/ Diploma					
3	Graduation/ Professional Course					
4	Post-Graduation					
5	Any other qualification					

10. If you have at any time been employed, give details. (Please enclose certified copies of the documents.)

Designation of post held or Description of work	Period		Full address of the Office, Firm or Institution	Have you been at any time dismissed/removed from service/resigned to the post? If so, please give details.
	From	To		

11. Have you ever been arrested, convicted by., Court of law or detained., under any state/central preventive detention laws for any offence? Whether such conviction in the court of appeal or set aside by the Appellate Court- if appealed against.

(Note: if detained, convicted, debarred etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the concerned Department 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 suppression of factual information.) If the answer is 'Yes', the full particulars of the conviction sentences and detention should be given.

--

12. Name and complete address of **two responsible persons** of our locality to whom you are known or two referees to whom you are known.(Persons shall not be blood relatives.)

House /Apartment/Flat No.	<table border="1"><tr><td></td><td></td></tr></table>		
Name of the Apts./ Complex	<table border="1"><tr><td></td><td></td></tr></table>		
Lane Name	<table border="1"><tr><td></td><td></td></tr></table>		
Street and Road	<table border="1"><tr><td></td><td></td></tr></table>		
Village	<table border="1"><tr><td></td><td></td></tr></table>		
Mandal/Taluka	<table border="1"><tr><td></td><td></td></tr></table>		
Town/City	<table border="1"><tr><td></td><td></td></tr></table>		
District	<table border="1"><tr><td></td><td></td></tr></table>		
State	<table border="1"><tr><td></td><td></td></tr></table>		
PIN Code	<table border="1"><tr><td></td><td></td></tr></table>		

13. Have you ever been a Member of any Political Party or Communal Organization/Youth/ Student/Service/ Labour? If so furnish details.

--

DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

1. I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
2. I am married/unmarried and have only one wife living(Delete which is not applicable).
I am fully aware that furnishing of false information or suppression of any factual information in the
3. Attestation Form would be a disqualification and is likely to render me unfit for employment under the Government.
4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the Attestation Form, my services would be liable to be terminated solely on this ground.

Date :

Signature of the Candidate

Place :

**CERTIFICATE TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF LEGISLATURE OR
OTHER AUTHORITY AS PRESCRIBED BY THE APPOINTING AUTHORITY**

Certified that I have known Sri/Smt/Kum _____

Son/Daughter/Wife of _____ for the last _____ years
_____ months and to the best of my knowledge and belief, the particulars furnished by him/her are correct.

Date :

Signature

Name & Designation with seal.

Place :

Photograph of the
Candidate attested
by the Gazetted
Officer/MLA/
Other with seal.
Competent
Authority.



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DECLARATION FOR CHARACTERS AND ANTECEDENTS
(It should be typed & signed by the candidate in a Rs. 20/- stamp paper)

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 is 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 undertake 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 :.....

.....
.....
.....
.....



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UNDERTAKING FOR NOT TENDERING RESIGNATION WITHIN 6 MONTHS

I,..... Son/
Daughter of Shri.....resident
of Village / Town / City.....District.....State
..... is hereby undertake that I will not tender
my resignation from the present post within 6 months after
joining as(post) in AIIMS, Bibinagar.

Signature with Date

Name :



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Annexure-I

New Pension Scheme
(Details to be furnished by the Government servant)

Name of the Government servant (in Block Letters) :

Designation :

Name of Ministry/Dept./Organization :

Scale of Pay :

Date of Birth :

Date of joining Government service :

Basic Pay :

Nominee for accumulations the Pension Account :

Sl. 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



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UNDERTAKING
(For submission of Factual Information)

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 Degree/Diploma and Experience Certificates as declared by me in on-line applications are recognised by the University/other Government regulating agencies. In case, it is found that the same is not recognised by 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 :



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MEDICAL FITNESS CERTIFICATE

I hereby certify that I have examined Shri/Smt./Miss..... a candidate for employment in the All India Institute of Medical Sciences(AIIMS),Bibinagar and cannot discover that has any disease (communicable or otherwise), constitutional weakness or bodily infirmity except I do not consider this a disqualification for employment in the Office of All India Institute of Medical Sciences (AIIMS), Bibinagar.

**Signature/thumb and finger
impressions of the Candidate**

Place :

Date :

**Civil Surgeon/District Medical Officer/
Medical Officer of equivalent status**

CANDIDATES' STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the Note below:-

1. State your name in full (in block letters)
2. State your age and place birth
3. (a) Have you ever had smallpox,
Intermittent or any other fever,
enlargement or suppuration of glands,
Spitting of blood, Asthma, heat disease
Lung disease, fainting attack rheumatism,
appendicitis?
- OR**
- (b) Any other disease or accident requiring
confinement to bed and medical or
surgical treatment?
4. When were you last vaccinated?
5. Have you or any of your near relations
been afflicted with consumption,
scrofula gout, asthma, fits, epilepsy or
insanity?
6. Have you suffered from any form of
nervousness due to overwork or any
other cause?
7. Have you been examined and declared
fit for Government service by a Medical
Officer/Medical Board, within the last
three years?

(Contd.....P/2)

8. Furnish the following particulars concerning your family:

Father's age if living and state of health.	Father's age at death and cause of death.	No. of brothers living, their ages and state of health.	No. of brothers dead, their ages at death and cause of death.
---	---	---	---

- 1.
- 2.
- 3.

Mother's age if living and state of health.	Mother's age at death and cause of death.	No. of sisters living, their ages and state of health.	No. of sisters dead, their ages at death and cause of death.
---	---	--	--

- 1.
- 2.
- 3.

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly affirm that I have not received disability certificate/pension on account of any disease or other condition.

Date :

Signature/thumb and finger impressions of the candidate

Signed in my presence :
Signature of Medical Officer/District Medical Officer
/Medical Officer of equivalent status

N.B : the candidates shall be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claim to superannuation allowance or gratuity.

[M.H. OM No. F.5 (11)-55 MII dated the 27th September, 1957]

Important Note:

B(2)(b): In the case of **female candidate** appointed to a non-gazetted post (i) in Delhi the medical certificate shall be signed by an Assistant Surgeon Grade-I (Woman) under the Contributory Health Service Scheme; and (ii) in any other place by a registered female medical practitioner possessing a medical qualification included in one of the schedules to the Indian Medical Council Act, 1956 (102 of 1956) (Indian Medical Central Act, 1970 and Homoeopathy Central Council Act, 1973).

FORM NO. I**Statement of immovable property on first appointment as on the _____, 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 _____, 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 _____, 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 _____, 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 _____, 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, ...

AFFIDAVIT

I Shri. _____ 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 will not engage in any trade or business or undertake any employment full-time or part-time while in service of the Institute without the explicit permission of the Director or Officer authorised by him/her.
3. That presently I am not working at any other Institutions or Medical College or Government/Autonomous/Semi Government Organisation. I have been relieved by the Institution where I was working previously before joining AIIMS, Bibinagar.
4. That I have passed Degree/Diploma in the year _____.
5. That I am not drawing any salary/pension from any source other than AIIMS, Bibinagar.
6. That this affidavit is required to be produced before the Director, AIIMS, Bibinagar for necessary action.
7. That all educational qualifications are recognized Institutes/College of the University.

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

Deponent

Deponent

Notary Public



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
Hyderabad Metropolitan Region, TELANGANA - 508126**

अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर,
हैदराबाद मेट्रोपोलिटन क्षेत्र, तेलंगाना - 508126

ID Card Form/ पहचान पत्र प्रपत्र

ID Card No: AIIMS/BBN/

(Fill Roll No in case of UG or PG student)

पहचान पत्र क्रमांक:

(यूजी या पीजी छात्र के मामले में रोल नंबर भरें)

Name/ नाम:

Designation/ पद:

Department/Course/ विभाग/पाठ्यक्रम:

Date of Joining/ शामिल होने की तिथि:

Permanent Address/ स्थायी पता:

Photo/ तस्वीर

Signature/ हस्ताक्षर

Father's/Spouse Name/ पिता/पति/पत्नी का नाम:

Date of Birth/ जन्म तारीख:

Blood Group/ ब्लड ग्रुप:

Phone No/ फोन नंबर:

Date of Issue/ जारी करने की तिथि:

Emergency Contact No/ आपातकालीन संपर्क नंबर:

Identification Mark/ पहचान चिह्न:

Signature of issuing Authority/ अधिकृत हस्ताक्षरकर्ता:

Note: Kindly attach Selection/ Appointment/ joining order.

नोट: कृपया चयन/ नियुक्ति/ कार्यग्रहण आदेश संलग्न करें

DOCUMENTS REQUIRED FOR LINKING ACCOUNTS FOR SALARY

1. Name of the employee:
2. Date of birth :
3. Father Name :
4. Gender : Marital Status :
5. Blood Group : Category : Religion:

Present Address	Permanent Address

6. Contact No : Mobile No
7. E-Mail :
8. Adhaar Number :
9. Pan Card :
10. GPF/EPF/CPF/NPS(PRAN No): EMP ID :
11. Department : Qualification:
12. Grade : Designation:
13. Joining Date : F/N ☐ A/N ☐
14. Joining Type : Regular ☐ Contract ☐
15. Group :
16. Bank Name :
17. Bank Account Number:
18. IFSC code :

Enclosure (photocopy)

1. Joining letter
2. Undertaking certificate (Enclosed)
3. HRA Declaration (Enclosed)
4. Aadhar Card
5. PAN card
6. Bank passbook / cancelled check

(Signature of the employee)

CERTIFICATE OF H.R.A. CLAIM

Ref: Government of India, Ministry of Finance O.M. No. 11013/2/86-E, II dt. 23.8.86 and
even No. dated 19.3.87.

From: _____

I certified that:

1) I have not been provided with Government/ Institute accommodation

2)

(a) I am living in a rented accommodation OR

I am incurring some expenditure on rent / contributory towards Rent of rented accommodation.
OR

(b) I am living in my own house /house owned by my spouse, and I am paying / contributing towards
house or property tax or maintenance of house.

Signature: _____

Name: _____

ID No.: _____

Designation: _____

Deptt. / Office: _____

It is certified that the above information is correct to the best of my knowledge.

Head of the Department / Administrative Officer
(Seal & Signature)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION TELANGANA-508126, INDIA
अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र, तेलंगाना - 508126, भारत

UNDERTAKING CERTIFICATE

I hereby undertake that in the event of my pay, leave salary or pension or any other claim/ item (including HRA etc.) having been fixed in a manner contrary to the provisions contained in the rules, as detected in the light of discrepancies noticed subsequently, any excess payment so made shall be refunded by me to the Institute/ Government either by adjustment against future payment of salary/ payments due to me or otherwise, without raising any objection to it.

Station: _____ Signature : _____
Date: _____ Name : _____
Designation : _____
Department : _____

Countersignature of DDO/ Head of Office/ Administrative Officer

Station: _____ Signature: _____
Date: _____ Name : _____
Designation : _____