



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 मेट्रो पोलिटन क्षेत्र(एचएमआर), तेलंगाना - 508126, भारत

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

संख्या/File : AIIMS/BBN/RECT/FAC/APS/2026/1062

दिनांक/ Date: 03.07.2026

NOTICE

Sub: Inviting applications from eligible faculty members of AIIMS, Bibinagar for promotion to the next higher grade under Assessment Promotion Scheme (APS) - reg.

1. AIIMS Bibinagar invites offline applications from eligible faculty members for promotion to the next higher grade under Assessment Promotion Scheme (APS).
 - a) Assistant Professors with three years of regular service will be eligible for appointment to the post of Associate Professor, subject to the clearance of probation and the prescribed selection process.
 - b) Associate Professors with three years of regular service will be eligible for appointment to the post of Additional Professor, subject to the clearance of probation and the prescribed selection process.
 - c) Additional Professors with four years of regular service will be eligible for appointment to the post of Professor, subject to the clearance of probation and the prescribed selection process.
2. All the eligible faculty members are requested to fill the prescribed offline application form **enclosed** herewith and forward the duly filled-in application through proper channel to the Recruitment Cell, AIIMS Bibinagar before the closing date for the receipt of application. Closing date for the receipt of duly filled-in hard copy of application through proper channel: 16.07.2026
3. The cutoff date for considering faculty for promotion under Assessment Promotion Scheme (APS) is **30th June, 2026**. Further, the faculty members, who are found eligible as on 30.06.2026, will be assessed in consonance with the **enclosed** guidelines, dated 15.05.2013, issued based on the recommendations of the Dr. Sneha Bhargava Committee vide F. No. V-16020/57/2008-ME-I (Pt.) by the Govt. of India, Ministry of Health and Family Welfare.
4. All the concerned faculty members are advised to visit the official website of AIIMS, Bibinagar and to check their official email ids regularly for further updates in this regard.
5. This is issued with the approval of the competent authority, AIIMS Bibinagar.

Sd/-

Deputy Director (Admin.)

Encl: As stated above



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

Application form for consideration for promotion under

APS to the grade of _____

For the batch : _____

1. Name in block letters:-

Dr.																				

2. (a) Department :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(b) Present designation:-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Date of Birth D D M M Y Y Y Y

--	--	--	--	--	--	--	--

4. Educational Qualification:- (Please tick the relevant Degrees)

Name of the Examination	Subject/ Discipline/Title	University/ Institute/ College	Month & Year of Passing final Examination	No. of attempts	Class/Division /Grade
M.B.B.S					
M.D./M.S.					
D.M./M.Ch					
M.Sc.					
Ph.D.					
Any other examinations(S)					

5. Detail of Research work and published material during the assessment period, if any, mention the details and enclose reprint thereof:-

--

6. Employment details at AIIMS(starting from Assistant Professor only) :-

Designation	From	To	Details of Extra Ordinary Leave without pay during assessment period, if any

7. Publication and Research Work (Give number only) (during the assessment period for the present promotion)

	Published	Under Publication	1 st Author/Communicating Author
1. <u>Research Papers</u> (a) Indexed Journals (b) Non-Indexed Journals			
2. <u>Books</u> (a) Text Books (b) Edited Books (c) Educational Books			
3. <u>Chapter in Books</u>			
4. <u>Abstracts</u> (a) Indexed Journals (b) Non-Indexed Journals			

8. Research Projects as Chief Investigator/Co-investigator:

Source of Funding	Year	Total Amount

9. Awards, fellowships and membership of professional bodies:-

--

10. Membership of Editorial boards of indexed international journals/Review Committees at National bodies and Institutions:-

11. Service: [Contributions made towards the development of new unit / specialty / laboratory / facility / programs / therapeutic or diagnostic procedures developed or patents taken (enclosed evidence)]:-

12. Contributions in community & national programmes:-

13. Describe your most notable contribution in Teaching and Research in 200 words:-

14. List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place:

Signature:

Date:

Name of the Candidate:
(IN BLOCK LETTERS)



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

Subject : Undertaking with regard to promotion under Assessment Promotion Scheme (APS) at the AIIMS, Bibinagar.

I, Dr. _____ hereby given undertaking that I have not availed any Extra Ordinary Leave With-out Pay (EOL) (with-out Medical Certificate) during my assessment period w.e.f. _____ to _____ for purposes of APS. I undertake that any information furnished herein is found to be incorrect or false, I shall liable for action as per rules in force.

Signature : _____

Name : _____

Designation : _____

Department : _____

Dated : _____