



**NOTE:-**

- **Rules/guidelines specified by Department of Personnel and Training (DoP&Ts) vide updated OM dated 08.09.2022** shall applicable for the officer on deputation.
- The remuneration of contract appointment of retired Government Employees shall be regulated as per Government of India, Ministry of Finance, Department of Expenditure, New Delhi, OM No 3-25/2020-E. IIIA dated 9<sup>th</sup> December 2020.

**General Condition:**

1. Eligible candidate can apply for the post in the prescribed Performa (available at the institute website <http://andssw1.and.nic.in/aniims> and website of A & N Administration <https://www.andaman.gov.in>) along with self-attested photocopies and the relevant documents available may be send through **Email: [recruitment.aniims@gmail.com](mailto:recruitment.aniims@gmail.com)**.
2. Serving Officer in Central & State Govt. funded autonomous bodies are eligible to apply; they would be treated on deputation if they desire so.
3. **The Last date of receipt / upload of application along with the prescribed Performa and relevant document will be on 09.10.2024.**
4. The tentative date of interview will be **16.10.2024**.
5. The effective date for determining the eligibility as per the prescribed qualification, age, experience etc. for the post shall be the last date of receipt of application.
6. The above mentioned schedule is tentative and subject to change at any stage depending upon the availability of the Selection Committee. Any changes made will be updated at ANIIMS website <http://andssw1.and.nic.in/aniims>.
7. The Director, ANIIMS, Port Blair reserves the right to cancel or reschedule the above dates & time of the "Interview" at any stage.
8. Late and incomplete application/proforma will not be considered.
9. Any kind of canvassing for selection will liable for disqualification.
10. ANIIMS/ANIMERS reserves the right to cancel the recruitment process at any stage at its discretion and such decision will be binding on all concerned.

**-sd-**

**DIRECTOR, ANIIMS**



**ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES (ANIIMS), PORT BLAIR**

**FORM TO BE FILLED IN CAPITAL LETTERS ONLY**

1	<u>Personal Details:</u>  • Name • Email ID • Mobile No.		RECENT PHOTOGRAPH (TO BE COUNTERSIGNED)		
2	Date of Birth & Age				
3	Academic Qualification				
4	Address for Correspondence				
5	Permanent Address				
6	GOI issued ID No. (Passport/PAN/Voter ID/Aadhaar)				
7	Current Job Details: • Current Post held: • Institution Name:				
8	Current nature of job Regular/Contractual				
9	Academic Details:				
	Qualifications&YearofP assing	Marks%	Name of the college	Awards/Distincti ons	Medical/StateCouncilRegi s. No
	MBBS(.....)				
	MD/MS(.....)/				
	DNB(.....)				
	PhD(.....)				
	DM/M.Ch.(... ..)				
10	Number of Research publications (Attach the first page of each article along with proof of indexing of the respective journal in the year of publication of the article). <i>Please add annexure to fill details of publications in the following format.</i>				
	Name & type of Publication	Name of the Journal	Indexation	Authorship	
11	Fellowship, Membership of National / International Scientific Societies : <i>(Please add separate annexure)</i>				
12	Paper presented/ Lectures delivered in conferences: <i>(Please add separate annexure)</i>				
13	Books, if any written:				

14	Research Project conducted(details) & the Funding agency																																									
15	Any Achievement and Awards by recognized organization																																									
16	A. Basic course in Biomedical Research (BCBR) B. Revised basic course workshop on Medical Education Training and AETCOM																																									
17	Teaching Experience Details: <i>(Attach annexure if necessary)</i>																																									
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## **DECLARATION**

I do hereby declare that, each statement and/or contents of this application form and /or documents, certificates submitted along with the application form, by the undersigned are absolutely true, correct and authentic. Any discrepancy if any found will liable for disqualification of my candidature.

Date:

Place:

Candidate Name & Signature

