



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

CHECK LIST

(for Joining as in AIIMS, Guwahati)

1.	Acceptance for joining AIIMS, Guwahati.
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.	Home Town Declaration in the prescribed format.
7.	Declaration on Dependent Family Members in the prescribed format with age proof copy.
8.	Declaration for OBC in the prescribed format alongwith valid OBC Certificate within six months.
9.	Declaration for Spouse is employed in Government Services in the prescribed format.
10.	Declaration of Marital Status from the new entrants to Govt. Service (alongwith marriage certificate if married).
11.	Employee Data Sheet in the prescribed format.
12.	Attestation Form in the prescribed format (Four copies duly filled and attested) .
13.	Declaration of Characters and Antecedents (in Rs.10/- Stamp Paper).
14.	Undertaking for not tendering resignation within 6 months.
15.	Form for New Pension Scheme (details to be furnished by the Govt. Servant).
16.	Undertaking for submission of Factual Information in the prescribed format.
17.	Medical Examination Report in the prescribed format.
18.	Declaration of Immovable and Movable Property in the prescribed format.
19.	Affidavit on non-judicial Stamp Paper mentioning that all your Educational Qualifications and Experiences are from recognised Institutes/College.
20.	Discharge/Relieving Certificate from your previous employer.
21.	Self-attested copies of all Educational(10 th onwards) & Experiences Certificates.

Signature :.....
Name :.....
Date :.....

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

To

**The Director,
AIIMS, Guwahati, Assam**

**Sub : Submission of acceptance for Joining in AIIMS, Guwahati
as.....**

Dear Madam,

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 :.....



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

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 :



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

FORM - I

OATH OF SECRECY

I,(name)
do swear/solemnly affirm that I will be faithful and bear true allegiance
to India and to the Constitution of India as by law established, that I will
uphold the sovereignty and integrity of India, and that I will carry out the
duties of my office loyally, honestly, and with impartiality. So "Help me
God".

Signature :

Name :

Signature of Head of Office



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

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 :



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

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 dated 11-1-1956.

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

Signature

Name :

Designation :

Department :

Countersigned by

Head of Office



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

Date:

Declaration on Dependent Family Members

(1) Personal Details:

1	Name	
2.	Designation	
3.	Date of Birth	
4	Date of appointment	

(2) Details of the Dependent Family Members:

Sl.	Name(s) of the member(s) of the family*	Date of birth	Age as on date	Relationship	Marital Status	Place mention the category: (a)Employed (b)Pensioner (c) Family Pensioner (d)Others	Personal Annual Income of the dependent

- (*) (i) I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office of any addition or alteration.
- (ii) Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.[http://persmin.gov.in/pension/rules/pencomp7.htm#Family_Pension,_1964]
- (iii) Wife and husband shall include respectively judicially separated wife and husband.
- (iv) A self-certified proof of Date of Birth is enclosed in respect of dependent Brothers/Sisters, if any.

Signature of the Employee

(Contd....P/2)

(3) For the use of Controlling Unit/Office of the HOD Forwarded

Forwarded	Recommended
Section/Unit I/C	HOD

(4) Administrative Approvals:

Checked	Verified & Submitted for approval	Approved as per Rules
Dealing Assistant	Assistant Admin. Officer	DD(A)/Director



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

To

The Executive Director,
AIIMS, Guwahati, Assam

DECLARATION
(OBC Candidates only)

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. 36012/22/93-Estt.(SCT), dated 08.09.1993. It is also declared
that I do not belong to persons/sections (Creamy Layer) mentioned in Column-3 of
the Schedule to the above-referred Office Memorandum, dated 08.09.1993. In case,
it is found at any stage that this declaration is incorrect, then my appointment will be
terminated without giving me any opportunity for representation.

Date:.....

Signature of the candidate

Name & Permanent Address

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

Note: To be filled only by OBC category



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

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 GovernmentOrders
(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 :	



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

MARITAL DECLARATION

(To be obtained from new entrants to Government Service)

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

- (i) That I am unmarried/a widower/a widow.
- (ii) That I am married and have only one spouse living.
- (iii) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
- (iv) 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. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date :

Signature



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

EMPLOYEE DATA SHEET

Affix
Passport
Size
Photograph

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)

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)

S.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



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

DECLARATION FOR CHARACTERS AND ANTECEDENTS
(It should be typed & signed by the candidate in a Rs. 10/- 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 :.....

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



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

UNDERTAKING FOR NOT TENDERING RESIGNATION WITHIN 6 MONTHS

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

Signature with Date

Name :



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

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/Deptt./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



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

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 recognized by the University/other Government regulating agencies. In case, it is found that the same is not recognized 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 :

MEDICAL EXAMINATION REPORT

CANDIDATE'S STATEMENT & DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the Declaration appended thereto.

1. State your name in full
(In Block Letters): _____
Father's Name : _____
2. State your Age & Birth Place : _____
3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands spitting of blood, asthma, heart disease, fainting attacks, Rheumatism, appendicitis ? :

- (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment ? : _____
4. History of vaccination : _____
5. Have you or any of your near relations been afflicted with gout, asthma, fits, or Insanity? :

6. Have you suffered from a degree of deafness : _____
7. Have you suffered from any form of nervousness due to over work or any other cause :
8. Furnish the following particulars concerning your family (disease trend in family and premature death if any) : _____

photograph



Above statements are true and I have not suppressed any information.*

Candidate's Signature

Signed in my Presence Chairman of the Board

*Note : -The candidate will be held responsible for the accuracy of above statements .

*For female candidate – **Chest radiograph to be done only after gynaecology clearance.**

Report of the Medical Board on

Name of the Candidate :-

1. i) Height (Without shoes) _____ cm Weight _____ kg

Chest circumference : After full inspiration _____ cm full Expiration _____ cm

ii) Respiratory system _____

iii) Circulatory system

(a) Heart : Any organic lesions : _____

Rate Standing _____

ECG (pl attach) –date -

Please mention abnormality if any

(b) Blood pressure _____ pulse rate _____ spO₂ _____ in room air

iv) Nervous system : _____

v) Loco Motor system : _____

vi) Skin: (any obvious disease)

Remarks

(Name & Signature Faculty of Medicine)

2. **Eyes** : (a) Any disease : Yes (mention)/No _____

(b) Defect in colour vision : Normal/Abnormal (mention)

(c) Field of vision : Normal/Abnormal (mention)

(d) Visual acuity : _____

	Acuity of vision	Without glass	With glass
Near Vision	Right Eye Left Eye		
Distant Vision	Right Eye Left Eye		

Remarks

(Name & Signature of Faculty Ophthalmology)

3. Ears Inspection _____ Hearing _____ Right Ear : _____

Left Ear: _____

Glands : _____ Thyroid _____

General condition of teeth and oral cavity _____

Remarks

(Signature of Faculty Otolaryngology)

4. Abdomen : Tenderness _____ Hernia _____

(a) Palpable: Liver _____ Spleen _____ Kidneys _____

Any others _____

Genito Urinary System: Hydrocele _____ Varicocele _____

(b) Hemorrhoids _____ Fistula _____ Varicose Vein _____

(c) Lymphadenopathy (Palpable) _____

Remarks

(Name & Signature of Faculty Surgery)

5. Gynecologic history and examination(for female candidates):

Status: _____ Single/Married

Age at menarche: _____ yrs

History of Polycystic ovarian syndrome(PCOS): _____ yes/no

Last visit to gynaecologist and reason of visit: _____ yes/no

Last whole abdominal ultrasound done and indication : _____ yes/no

Past history of Tuberculosis/ intake of ATT: _____ yes/no

Past history of gynaecologic surgery/ intake of chemotherapy: _____ yes/no

Menstrual cycle:

Length: _____ Duration of flow: _____ Regularity: _____

Associated dysmenorrhoea: _____ Last menstrual period(LMP): _____

Examination: _____ 1) lymphadenopathy/ scars/ other deformities:

2) Breasts and axilla for any evidence of Mass/ abnormal discharge:

3) Abdomen examination

Remarks

(Name & Signature of Faculty, OBST &Gyn)

RULE 18. MOVABLE, IMMOVABLE AND VALUABLE PROPERTY:

THE SCHEDULE

[See Rule 18 (1)]

Return of Assets and Liabilities on First Appointment on the _____, 20 .

1. Name of the Government servant in full.....
(in block letters)

2. Service to which he belongs.....

3. Total length of service upto date.....

(i) in non-gazetted rank.

(ii) in gazetted rank.

4. Present post held and place of posting.....

5. Total annual income from all sources during the Calendar year immediately preceding the 1st day of January 20 .

6. Declaration -

I hereby declare that the return enclosed namely, Forms I to V are complete, true and correct as on to the best of my knowledge and belief, in respect of information due to be furnished by me under the provisions of sub-rule (1) of rule 18 of the Central Services (Conduct) Rules, 1964.

Date.....

Signature.....

Note-1 : This return shall contain particulars of all assets and liabilities of the Government servant either in his own name or in the name of any other person.

Note-2 : If a Government servant is a member of Hindu Undivided Family with coparcenaries rights in the properties of the family either as a 'Karta' or as a member, he should indicate in the return in Form No. I the value of his share in such property and where it is not possible to indicate the exact value of such share, its approximate value. Suitable explanatory notes may be added wherever necessary.

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 on the _____,

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 Dr. _____ aged about _____ years, Son 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 am not indulged or doing private practice of any kind including laboratory and consultant practice.
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, Guwahati.
4. That I have passed MBBS/BSc./MSc. in the year _____ and MD/MCh./PhD in the year _____.
5. That I am not drawing any salary/pension from any source other than AIIMS, Guwahati.
6. That this affidavit is required to be produced before the Director, AIIMS, Guwahati for necessary action.
7. That all educational qualifications and teaching/research experiences are from MCI recognized Institutes/College.

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

Deponent

Deponent

Notary Public