

అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్ अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलिगरि, आंध्रप्रदेश

All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh (An Autonomous Institute under MoHFW, Govt. of India)

www.aiimsmangalagiri.edu.in

Date: 15/09/2025

F.No./AIIMS/MG/Admin/Recruitment/03/NonFaculty/Deputation/2025/02

RECRUITMENT OF VARIOUS NON-FACULTY GROUP "A" POST ON DEPUTATION BASIS AT AIIMS MANGALAGIRI

Opening Date of Application	15.09.2025
Closing Date of Application	XX.XX.2025 (OR 30 days from the date of publication of the advertisement in the Employment News, whichever is later)
Receiving Hard copy of Application	10 days from closing date of application

All India Institute of Medical Sciences, Mangalagiri is an Institute of National Importance established by the Ministry of Health & Family Welfare, Government of India, under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) with the aim of correcting regional imbalances in quality tertiary level health care in the country and attaining self-sufficiency in graduate and post graduate medical education and training.

The Executive Director, AIIMS Mangalagiri invites applications in the prescribed pro-forma from suitable/eligible Officers of Central/ State Government/ U.T/ Autonomous Bodies/ Universities/ Public Sector Undertakings/ R&D Organizations/ Police Departments of Central/ State/ U.T, as applicable (mentioned below) for filling up of the following non-faculty Group "A& B" Posts on Deputation basis in AIIMS Mangalagiri.

Any further updates will be uploaded on the institute website only and shall not be published in either Employment News or any News Papers. The essential qualification, experience and other eligibility conditions etc., for applying for the posts are as under:

Sl No	CATEGORY	POSTS	Remarks
1.	Recruitment by Deputation	Registrat d 5 1 of Registrat d 5 of Regi	Applications are to be duly forwarded by the Cadre Controlling Authority with NOC Vigilance clearance and enclosing minimum last 5 years APARs. Candidates are advised to send an advance copy of the application at the below mentioned Google Form Link with relevant enclosures, for intimation purposes only, on or before the closing date of receipt of applications. * Google Form: https://forms.gle/zyT8SY9BjdjxZDtg8

Summary Chart

Recruitment by Deputation						
Sl. No	Post	Group	Level as per 7 th CPC	Post	Mode	
1.	Registrar	A	Level-12	1	Deputation for 3 years	
	TO	1				

B. Eligibility and other Criteria:

SI No	Post	Group	Pay scale as per 7 th CPC	Post	Upper Age Limit	Essential Eligibility Criteria for deputation
1.	Registrar	A	Level 12	01	56 years	Officers under the Central/State/U.T/ Governments/Universities/Statutory/Autonomou s bodies or Research and Development Organizations having educational qualification and experience as under: Essential: i) A graduate of a recognized University. ii) Seven years' experience of administration in a supervisory capacity or as a teacher in a University/teaching Institution including conduct or examination and admission and assignment of teaching programmes for under graduate and postgraduate etc. Desirable: A postgraduate degree.

Note for Deputation Posts:

- 1. The number of posts is tentative and is liable to change based on the Institute's requirement.
- 2. The period of deputation shall not ordinarily exceed 3 years.
- 3. Incomplete applications received without the relevant documents and applications received after the due date will be summarily rejected.
- 4. One set of self-attested supporting documents related to qualification, experiences etc. to fulfill the essential eligibility criteria to be submitted along with the application.
- 5. AIIMS Mangalagiri strictly adheres to the Recruitment Rules as notified in this Notification. So, this notification shall not apply to the candidates belongs to Organizations other than the specified ones, for submission of applications with reference to the posts notified.
- 6. The Institute will not be responsible for any postal delay.
- 7. The Institute will not be responsible for collection of any of the relevant documents.

- 8. In case, the application along with the requisite documents is not received within the stipulated time, it would be presumed that the parent organization is not in favour of appointment of the applicant on deputation.
- 9. The Officers who fulfill the above qualifications/eligibility may submit their application along with one set of self-attested supporting documents related to qualification, experiences etc. in the attached proforma through proper channel to the "Room No. 205, 2nd Floor, Recruitment Cell, Admin & Library Building, All India Institute of Medical Sciences, Mangalagiri, Guntur District, Andhra Pradesh. 522503", by Speed Post/ Registered Post only.
- 10. Late/ Incomplete applications will not be entertained.
- 12. While forwarding their applications, it may be ensured that the particulars of the candidates verified and that they fulfill the eligibility conditions. Duly attested photocopies of their up-to-date Confidential Reports/APARs (at least for the last 05 years) may also enclosed the applications. It may also be clearly be with stated that no vigilance/disciplinary proceedings are pending or contemplated against the candidates concerned. clearance and CR Dossiers/APARs Applications without vigilance will considered.
- 13. The mentioned cut-off dates for the advertisement may change, as per the institute needs.
- 14. List of documents required to submit at the time of documents verification for **attending Interviews**Originals with One set of Xerox copies (self-attested)
 - i. ID Proof Candidates can submit their voter ID-Card/ passport/ Adhaar card etc. All these are accepted against ID proof.
 - ii. Official Identity Official Identity proof.
 - iii. Educational qualification certificates.
 - iv. No Objection certificate and Vigilance Clearance.
 - v. Copies of CR Dossier/APARs to the extent of requirement published in notification.
 - vi. For Provisionally Eligible candidates- Balance Documents to fulfill the eligibility criteria.
 - vii. Any other document candidate might like to provide in support of eligibility & to the recruitment.
- 15. The deputation will be governed by the standard terms and conditions of deputation provided under Department of Personnel & Training's O.M.No.6/8/2009-Estt. (Pay II) dated 17.06.2010, as amended from time to time.
- 16. The decision of the Competent Authority regarding selection of candidates will be final and no representation will be entertained in this regard.

- 17. In case of need of any assistance or clarifications please contact <u>deputation@aiimsmangalagiri.edu.in</u>
 please mention the post applied in the Subject line of your e-mail.
- 18. For any updated please visit the Institute website i.e., www.aiimsmangalagiri.edu.in regularly.
- 19. All disputes will be subject to jurisdictions of Court of Law of Mangalagiri/Vijayawada.

Sd/-Executive Director AIIMS Mangalagiri

All India Institute of Medical Sciences, Mangalagiri, Guntur Dist, Andhra Pradesh, 522503



Annexure - I

	Application for the post ofon deputation basis						
	at AIIMS, MANGALAGIRI						
1	Name and Present Address in Block Letters		x here recent sport size				
			tograph				
2	Father's Name	,					
3	Date of Birth (DD/MM/YYYY)						
4	AADHAR Number						
5	Date of Retirement under Central/ State Government Rules						
6	Designation (Name of the post-held currently)						
7	Name of the Office/ Institution/ Organization, where-in working presently						
8	Date of Entry into Service						
9	Date of retirement under Central/ State Government Rules						
10	Educational Qualification						
)					
		i)					
		<i>y</i>)					
11	Whether educational and other qualific as equivalent to the one prescribed in the	ons required for the post are satisfied (if any qualificat rules, state the authority for the same).	ion has been treated				

12	Qualifications/ Experience								
		Essential		Required			Po	ossessed	
13			r in the light of entri						
	above, yo Note: Bo commen Qualifica	ou meet the requir orrowing Departm ts/views confirm tion/ Work Experie	ements of the post nent are to provide	e their spec rant Essen ne Candidate	iific tial (as				
14		of employments (below is insufficier	(in chronological ord	ler) enclose a	separat	te sheet, o	duly authenticated	by your signatu	re if the
	SI. No	Name of the Office/ Institution/ Organization	Organization Type (Central Government/ State Government/ UT/ PSU etc	Post held		ition of the Post held	Total Duration of Experience Years/ Months/ Days	Pay-band and Grade pay (Scale of Pay if in pre- revised scale of pay)	Nature of Duties
					From	То			
	1								
	2								
	3								
	4								
	5								
	Total Work experience in required Grade Pay					Ye	earsM	onths [l Days
15	Nature of present employment (i.e.ad-hoc or temporary or quasi-permanent or permanent)								

salary slip issued by the Organization showing the following details may be enclosed Basic Pay with Scale of Pay and rate of increment Dearness Pay/ Interim relief/ other allowances etc. (with break-up details) 22 Additional information, if any which you would like to mention in support of your suitability for the post.	16	In case the present employmer on deputation/contract basis, Please sta					
deputation/contract c) name of the parent office/organization to which you belong NOTE: In case of Officers already on deputation, the applicants of such officers should be forwarded by the parent cadre/ department along with Cadre Clearance, Vigilance Clearance and Integrity. 17 Additional details about present employment please state whether working under (Indicate the name of your Employer against the relevant column): a) Central Government b) State Government c) Autonomous Organization d) Government undertaking e) University 18 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. 19 Total emoluments per month now drawn. Basic Pay in the PB Grade Pay Total Emolumer 20 Present Pay and date from which the Present pay is drawn 21 In case the applicant belongs to an Organization which is not following the Central Government Pay Scal salary slip issued by the Organization showing the following details may be enclosed Basic Pay with Scale of Pay and rate of Dearness Pay/ Interim relief/ other allowances Total Emolumer increment 22 Additional information, if any which you would like to mention in support of your suitability for the post.		a) the date of initial appoin	tment				
which you belong NOTE: In case of Officers already on deputation, the applicants of such officers should be forwarded by the parent cadre/ department along with Cadre Clearance, Vigilance Clearance and Integrity. Additional details about present employment please state whether working under (Indicate the name of your Employer against the relevant column): a) Central Government b) State Government c) Autonomous Organization d) Government undertaking e) University 18 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. 19 Total emoluments per month now drawn. Basic Pay in the PB Grade Pay Total Emolumer 20 Present Pay and date from which the Present pay is drawn 21 In case the applicant belongs to an Organization which is not following the Central Government Pay Scal salary slip issued by the Organization showing the following details may be enclosed Basic Pay with Scale of Pay and rate of increment Pay Scal scalary details may be enclosed 22 Additional information, if any which you would like to mention in support of your suitability for the post.			ent on				
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mention in support of your suitability for the post.		· · · · · · · · · · · · · · · · · · ·	-		her allowances	Total Emoluments	
mention in support of your suitability for the post.							
	22						
Enclose a separate sneet, if the space is insufficient.		mention in support of your suitability Enclose a separate sheet, if the space is ins	•				
23 Whether belongs to SC/ST/OBC (if yes, please specify)	23	Whether belongs to SC/ST/OBC (if yes, plea	ase specify)				

24	Contact Num	bers & Email id:
	i. Office	ii. Residence
	Mobile:	Mobile:
	E-mail address:	E-mail address:
25	If selected, specify the minimum required joining time	
		<u>Candidate</u> 's Address:
Signa	ture of the Candidate:	
Date:		
Coun	tersigned:	
		Office Address:
-		
	[Employer/ Authorized Officer]	Email:

Check List

SI. No	<u>Particular</u>	Yes/ No
1	Whether application forwarded throughproper channel	
2	Whether No Objection Certificate attached	
3	Whether attested copies of the up-to-dateAPARs for last 05 (Five) years attached?	
4	Whether Vigilance Clearance Certificateattached?	
5	Statement of Minor & Major penaltiesimposed (If any) attached?	

Name of the Applicant:

(Signature of the Applicant)

NOTE: Applications without forwarding through proper channel, vigilance clearance and complete CR Dossiers will not be considered.

DECLARATION

I solemnly declare that all statements made in this application are true, complete and correct to the best of
my knowledge and belief. I understand and agree that in the event of any information being found false OR
incomplete/ incorrect OR ineligible being detected at any time before OR after selection / interview, my
candidature is liable to be rejected and I shall be bound by the decision of the Director, AIIMS Mangalagiri.

candid	ature is li	able to be rejected and	d I shall be bound by the decis	sion of the Director, AllMS Mangalagiri.
Place				
Date				(Signature of the Applicant)
		CERTIFICATE BY	THE EMPLOYER / CADRE CO	NTROLLING AUTHORITY
	available application basis fo	on records. This on being considered fo r AIIMS, Mangalagir	Institute/Department/Organior the post of	n are true and correct as per the facts zation has No Objection to his/heron deputation zational qualification and experience be relieved immediately.
	Also	certified that:		
	i)	There is no against Shri/Smt. Organization.	vigilance or disciplii worl	
	ii)	His/Her integrity is I	peyond doubt.	
	iii)	His/ Her ACR Dossie years duly attested a	•	hotocopies of the ACRs for the last 5
	iv)	• •	e is either pending and cor nor, was imposed on him/he	ntemplated against the officer and no r during the last 10 years.
			SIGNATURE (with seal)	: (Employer/Cadre Controlling Authority)
			Name	:
			Designation	:
			Email	:
			Telephone No.	:
	PLACE	:	Official Seal	:

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DATE :