



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

CHECK LIST FOR JOINING

Sr. No.	Particular
1	Joining Report.
2	Character Certificate 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 and status
6	Home town Declaration in the prescribed format.
7	Declaration on Dependent Family Members in the prescribed format.
8	Declaration for spouse in spouse is employed in the prescribed format
9	Employee Data Sheet in the prescribed format
10	Letter of Admission and Authority for Group Savings-Linked Insurance Scheme.
11	Form of Appointment of beneficiary in the prescribed format
12	Undertaking in the prescribed format.
13	Declaration of Immovable and movable property
14	Discharge/Relieving certificate from your previous employer
15	Affidavit on non-judicial stamp proper mentioning that all your education qualifications and teaching/research experiences are from MCI recognized Institutes/college.
16	Medical Examination Report in the prescribed format.
17	Self-attested copies of all educational, research & experiences certificates
18	Format for Identity Card
19	Attestation Form in the prescribed format
20	Photographs

All the above-mentioned documents are submitted.

Signature of Candidate:

Name:

Verified by:



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

To,

The Executive Director,
All India Institute of Medical Sciences
Mangalagiri, Guntur Dist.
Andhra Pradesh - 522503

Sub: Submission of Joining Report – regarding.

Dear Sir,

With reference to your offer of appointment letter No. _____
_____ dated _____ I report
myself on duty in the forenoon/afternoon of _____ (date) in the post
of _____.

I thank you once again for providing me the opportunity to serve the Institute.

I will perform my duties sincerely, honestly and to the best of my abilities.

Yours sincerely,

(Signature)

Name : _____

Designation : _____

Department : _____

Date of birth : _____

Mobile No : _____



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

CHARACTER CERTIFICATE - I

Certified that I have known Dr./Mr./Ms./Mrs. _____
_____ 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 signed 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.



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

CHARACTER CERTIFICATE - II

Certified that I have known Dr./Mr./Ms./Mrs. _____
_____ 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 signed 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.



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

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 : _____

Countersign
(by CAO/SAO/AO)



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

FORM - I

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 : _____



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

FORM-II

Form of oath proposed for Government servants who are foreign nationals "I,
_____ a citizen of
_____ temporarily residing in and holding a
Civil post under the Government of India to swear/ solemnly affirm that, having the faith and
allegiance I owe to* _____ I will, during the period of my service
as aforesaid, be faithful to India and the Constitution of India as by law established and that
I will carry out the duties of my office loyally, honestly and with impartiality. So help me God".

*Here insert the name of the country conferred.

Signature: _____

Name : _____



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

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.

Date:

Signature :

Name : _____

P.F.No. : _____

Designation : _____

Department : _____



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

DECLARATION REGARDING MARITAL STATUS

I, Shri / Smt./ Kum _____ declare:

- (a) That I am unmarried / a widower / a widow
- (b) That I am married and have only one wife living
- (c) That I am married, and my husband has no other living wife to the best of my knowledge.
- (d) That I am married and have more than one wife living (Application for grant of exemption is enclosed)
- (e) That I am married to a person who have already one wife or more living (Application for grant of exemption is enclosed.)

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 of employee

Note: Delete or Strike out Clauses not applicable.

Countersign
(by CAO/SAO/AO)



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

HOME TOWN DECLARATION

[FORM 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 11-11-1956.

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

Name : _____

Designation : _____

Department : _____

Countersign
(by CAO/SAO/AO)



ఆఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

DECLARATION OF DEPENDENT FAMILY MEMBERS

Personal Details:

1	Name	
2	Designation	
3	Date of Birth	
4	PRAN No /PF No	
5	Date of Appointment	

Details of the Dependent Family Members:

Sl. No	Name(s) of the member(s) of the family*	Date of Birth	Age as on date	Relation ship	Marital status	Place mention the category: (a)Employed (b)Pensioner (c)Family Pensioner (d)Others	Personal Annual Income of the dependent
1							
2							
3							
4							
5							
6							

*(i) I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office 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

For the use of controlling unit/office of the HOD Forwarded

Filled in my presence	Verified & submitted for Approval	Approved as per rules
Dealing Assistant	Sr. Administrative Officer/ Administrative Officer	DDA/Director



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

Date: _____

DECLARATION OF EMPLOYMENT OF SPOUSE

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 compiled 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./PRAN No.		PF No./PRAN No.	
Designation		Designation	
Department		Department	
Address		Address	



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

EMPLOYEE DATA SHEET

1. Name in full (Surname First):

2. Married [] Single [] Male [] Female []

3. Fathers Name (Surname First):

4. Present Address (for communication):

5. Permanent Address:

E-Mail :

Mobile Number :

Contact Number (Residence) :



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

6. Date of Birth: _____ (Day) _____ (Month) _____ (Year)

7. Nationality:

8. Category: Gen [] OBC [] SC [] ST []

9. Academic Record starting with secondary education:

Sl No	Examination	Branch/ Specialization	School/College/ Institute/University	Year of completion	% of marks /Grade	Division
1	10 th / SSC					
2	10+2 /Inter					
3	UG					
4	PG					
5						

10. Professional Experience Record:

Sl No	Name of Institution/ Organization	Position Held	Date of Joining	Date of Leaving
1				
2				
3				
4				
5				

11. Family Details (Dependents only):

Sl No	Name	Date of Birth	Relationship	Present Occupation
1				
2				
3				
4				
5				

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



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

LETTER OF ADMISSION AND AUTHORITY

Date: _____

To,

Dear Sir,

Re: Group Savings-Linked Insurance Scheme

I wish to join Group Saving-Linked Insurance Scheme arranged with the Life Insurance Corporation of India and request you to admit me as an Insured Member of the Scheme with effect from _____. I hereby authorize you to deduct a sum of Rs. _____ as contribution towards the scheme from my salary starting from the salary for the month of _____. I further agree that this letter of authority shall not be revoked by me so long as I am a regular employee. My date of birth, as recorded in _____ Certificate sent herewith, is _____.

Yours Faithfully,

(Signature)

Name: _____

(In Block Letters) Badge No. or Salary Roll no. or Membership No. _____

Designation :

Department & Office: _____



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

FORM OF APPOINTMENT OF BENEFICIARY

I, _____ An
Insured Member of the _____
Group Saving-Linked Insurance Scheme hereby appoint in terms of Rule No.13 headed
'Appointment of Beneficiary' of the Rules governing the Scheme my (relationship)
_____ named _____ and whose address is

_____ as the person to be the beneficiary
to whom the moneys payable in terms of the Rules of the Scheme shall be paid in the event
of my death.

Signed at _____ this _____ day

Of _____ 201_____.

Signature of Insured Member

Witnessed by :

i) Signature :
Name :
Address :

ii) Signature :
Name :
Address :



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

NOMINATION

(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 :

S No	Name of nominee(s)	Age	Date of Birth	Percentage of share of payable	Relationship with the Government servant
1					
2					
3					
4					

Signature of the Government servant

Countersign
(by CAO/SAO/AO)



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

UNDERTAKING

1. The furnishing of the false information or suppression of factual information in on my joining would be a disqualification and is likely to render the candidate unfit or employment under the Government.
3. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during the service I would be liable to be terminated.
4. The experiences as mentioned on my online application are teaching/research experiences and the same is recognised by MCI/Govt of India. In case it is found that the same is not recognised by MCI/Gol at any stage, my appointment may be cancelled.
5. 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, my appointment may be treated as cancelled.

Signature :

Date :

Name :



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

RULE 18. MOVABLE, IMMOVABLE AND VALUABLE PROPERTY:

THE SCHEDULE

[See Rule 18 (1)]

Return of Assets and Liabilities on First Appointment on the date : _____

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

2. Service to which he belongs: _____

3. Total length of service up to 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 date of joining. :

6. Declaration

I hereby declare that the return enclosed namely, Forms I to V are complete, true and correct as on _____(date) 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 coparcenary's 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.



ఆఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

FORM NO.1

Statement of immovable property on first appointment as on the date: _____
(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 own name, state in whose name held and his/her relationship, if any to the Govt. Servant	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)	Total annual income from the property	Remarks

Date _____

Signature _____



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

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.



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

FORM NO. II

Statement of liquid assets on first appointment as on the date: _____

- (1) Cash and Bank balance exceeding 3 months' emoluments.
- (2) Deposits, loans, advances and investments (such as shares, securities, debentures, etc.)

SI 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.



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

FORM NO. III

Statement of movable property on first appointment as on the date: _____

SI No	Description of items	Price or value at the time of Acquisition and/or the total payments made up to the date of return, as the case may be, in case of articles purchased on hire purchase or installment 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.



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

FORM NO. IV

Statement of Provident Fund and Life Insurance Policy on First Appointment as on the date: _____

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: _____



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

FORM NO. V

Statement of Debts and Other Liabilities on First Appointment as on the
date: _____

Sl. No.	Name and address of Creditor	Amount	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.



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

Before the Notary Public, Mangalagiri. of Rs.50 and above on Non-Judicial stamp paper

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 Organization. I have been relieved by the Institution where I was working previously before joining AIIMS Mangalagiri.
4. That I have passed MBBS in the year _____ and MD in the year _____.
5. That I am not drawing any salary/pension from any source other than AIIMS, Mangalagiri.
6. That this affidavit is required to be produced before the Director/DDA, AIIMS, Mangalagiri 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

Notary Public



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

Colour Photo
(3X3 cms)
with 75%
area covered
with image of
the face)
front attested
by
sponsoring

IDENTITY CARD FORM

For officials of Central Govt./State Governments
/ UT Administrations and their Attached
/Subordinate Officers and Undertakings
/Autonomous Bodies Owned or controlled by them.

Colour
Photo (3X3
cms) with
75% area
covered with
image of the
face) front
attested by
sponsoring

(Signature of the
Applicant

PART-I

(To be filled by Applicant)

1	Type of Identity Card	Category of Employee
	Autonomous Institute	Regular / Casual / Departmental Employee / Service Personnel
2	Name of the applicant (IN CAPITAL LETTERS)	
3	Designation	
4	Pay Scale / Pay band	
5	Grade Pay(Wherever applicable)	
6	(i) Ministry (ii) Department	Ministry of Health and Family Welfare All India Institute of Medical Sciences, Mangalagiri
7	Blood Group	
8	Present Address:	Permanent Address:
9	Date of Birth	
10	Contact Numbers	Mob: Emergency:
11	Father's / Husband's Name	
12	Date of superannuation	
13	Mark of Identity	
14	Gazetted / Non gazette	
15	Reasons for issue	
	Renewal	Loss/Mutilation
	Change of Designation	Fresh Appointment
	Transfer	Any other (Specify)

* Certified that the aforesaid information is correct.

Date:

Signature of Applicant



అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్
अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, आंध्रप्रदेश
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh
(An Autonomous Institute under MoHFW, Govt. of India)

www.aiismangalagiri.edu.in

Date:

To
The Executive Director,
AIIMS Mangalagiri.

Respected Sir,

I hereby declare that I am not under bond or agreement or under obligation to serve the Central Government, the State Government, University or the Public Authority or Undertaking or Institute.

I also declare that I have not submitted /already submitted application(s) (If already applied, please specify) to the following / any of the organization at the time of joining.

Sl. No.	Name of the Organization	Post applied for	Date of Application submitted

Yours faithfully,

Name and address of the candidate: