

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110 029

No.F.11-2/2023-Estt. I. (FC)

Dated the: 18th August, 2023

Subject: Submission of bio-data for promotion to the grades of Associate Professors, Additional Professors and Professors under Assessment Promotion Scheme (APS) at the AIIMS, New Delhi.

It is submitted that the Competent Authority has approved to start the process for making promotion of eligible faculty to the grades of Associate Professors, Additional Professors and Professors under Assessment Promotion Scheme (APS).

It is, therefore, the Professor-in-Charge, Computer Facility is requested to kindly arrange to upload the prescribed APS application form/proforma on the Institute websites i.e. www.aiims.edu under the head "Notice" & "Recruitment" respectively to facilitate all Faculty to apply for the same. **Last date for submission of bio-date by concerned faculty members in the prescribed proforma by 9th September, 2023 (Saturday) up-to 1.15 P.M.**

This may kindly be treated as MOST URGENT.


(B. S. GILL)

SR. ADMINISTRATIVE OFFICER

Encl: As above,

The Professor-in-Charge,
Computer Facility
A.I.I.M.S. New Delhi

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

Application form for consideration for promotion under
APS to the grade of _____
for the batch : _____

1. Name in block letters:-

Dr.																	

2. (a) Department :-

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(b) Present designation:-

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3. Date of Birth

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Educational Qualification:-

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)					

(Please tick the relevant Degrees)

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

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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:-

Source of Funding	Year	Total Amount

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

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

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

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12. Contributions in community & national programmes:-

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

14. List of enclosures:

1.

2.

3.

4.

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 of the Candidate

Date

Name of the Candidate
(BLOCK LETTERS)

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(FACULTY CELL)**

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

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 : _____