

Government of India  
Ministry of Health & Family Welfare

Director General of Health Services

ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND  
REHABILITATION, MUMBAI – 400 034.

**Notification for appointment to the following posts  
on contractual basis for a period of one year**

Applications are invited in the prescribed proforma for the **following** posts to be filled on **contractual basis** for a period of one year.

<b><u>Posts</u></b>	<b><u>No. of Post</u></b>	<b><u>Consolidated Remuneration</u></b>
1) Assistant Registrar	1 post	₹.25,000/-pm.
2) Hostel Warden	1 post	₹.25,000/-pm.

For details visit Institute's website : [www.aiipmr.gov.in](http://www.aiipmr.gov.in)

Sd/-  
Director

**Last date for submission of application - 14/08/2020**



“बेटी बचाओ बेटी पढ़ाओ”

**Government of India  
Ministry of Health & Family Welfare  
Director General of Health Services  
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION,  
MUMBAI – 400 034.**

**Notification for contractual appointment to the following posts**

Applications are invited in the prescribed proforma for following posts to be filled on contract basis for a period of one year.

<b>Sr. No.</b>	<b>Name and no. of the post</b>	<b>Consolidated Remuneration</b>	<b>Age and Qualification</b>
1	Assistant Registrar – 1 post	Rs. 25,000/-	<b>Age – 30 years &amp; below</b> i) Degree from a recognised University ii) 3 years experience in dealing with admission and conducting examinations in a recognised University/ Educational Institute
2	Hostel Warden – 1 post	Rs. 25,000/-	<b>Age – 30 years &amp; below</b> i) Graduate in any discipline from a recognised University. ii) 3 years experience as Hostel Warden/ Hostel Superintendent/ Care Taker of Government Hostel or a College/ University/Institute/ Organisation.

**Last date for submission of application: 14/08/2020.**

1. **Candidates should submit typed application form in prescribed format (As per Annexure - I) along with attested photocopies of following documents/ certificates:**

1. Certificate showing the date of birth
2. Relevant educational qualification certificates.
3. ‘No Objection Certificate’ from the employer if in employment.
4. Experience Certificate.
5. Photo ID proof.

**Applicants are requested to keep checking Institute’s website for updates in this regard.**

Sd/-  
Director

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान  
मुंबई - 400 034.

आवेदन फार्म पद : \_\_\_\_\_

1. अभ्यर्थी का पूरा नाम (बड़े अक्षरों में) : \_\_\_\_\_
2. लिंग : \_\_\_\_\_
3. आयु एवं जन्म तारीख : \_\_\_\_\_
4. अभ्यर्थी की श्रेणी : \_\_\_\_\_  
(एससी, एसटी,ओबीसी अथवा सामान्य)
5. राष्ट्रीयता : \_\_\_\_\_
6. पत्रव्यवहार के लिए पता : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

फोटोपर आवेदक  
के हस्ताक्षर

मोबाईल नं. :- \_\_\_\_\_ ई-मेल का पता : \_\_\_\_\_

7. स्थायी पता : \_\_\_\_\_  
\_\_\_\_\_
8. शैक्षणिक योग्यता \_\_\_\_\_

परीक्षा का नाम	कक्षा/प्रभाग	उत्तीर्ण वर्ष	संस्थान/कॉलेज	यूनीवर्सिटी

9. कालानुक्रम में रोजगार का अनुभव विवरण

नियोक्ता का नाम	पदनाम	वेतनमान	कार्य का प्रकार	रुकने की अवधि		अंतिम वेतन	छोड़ने का कारण
				से	तक		

11. सूची संलग्नक :

**वचनबद्ध**

मैं एतद्वारा घोषणा करता/करती हूँ कि इस आवेदन में दिए गए सभी विवरण मेरे ज्ञान और विश्वास सहीत अनुस्वार सही है । मैं समझता हूँ कि अगर मुझे किसी भी गलत जानकारी देने या किसी भी तथ्य को दबाने के तिष्ठ दोषी पाया गया तो विभाग मेरे खिलाफ कार्रवाई कर सकता है ।

आवेदन के हस्ताक्षर

**नियोक्ता का अनापत्ति प्रमाणपत्र**

प्रमाणपत्र किया जाता है कि \_\_\_\_\_, \_\_\_\_\_ के पद पर \_\_\_\_\_ है संस्थान/संगठन का नाम । अगर उनकी उम्मीदवारी को पद के विचार किया जाएगा तो संस्थान /संगठन को इससे कोई आपत्ति नहीं है ।

स्थान  
दिनांक

हस्ताक्षर  
नाम एवं पदनाम मुहर सहित

**ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION  
MUMBAI – 400 034.**

APPLICATION FOR THE POST OF .....

1. Name in Full (Capital letters) : \_\_\_\_\_
2. sex : \_\_\_\_\_
3. Age & Date of Birth : \_\_\_\_\_
4. Category of the candidate (SC,ST,OBC,General, PH) : \_\_\_\_\_
5. Nationality : \_\_\_\_\_
6. Address for Communication : \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signature of the applicant across the photograph

Mobile No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

7. Permanent Address : \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**8. Educational Qualification**

Name of Examination	Class/Division	Year of Passing	Institute/college attended	University

**9. Experience/details of employment in chronological order :**

Name of Employer	Designation	Pay Scale	Nature of Duties	Period of stay		Last pay drawn	Reason for Leaving
				From	To		

**10. List of enclosures :**

**UNDERTAKING**

I hereby declare that all the statements made in this application are true and completed to the best of my knowledge & belief. I understand that the department can take action against me in case, I am declared by them to be guilty of furnishing any wrong information or suppressing any facts.

**Signature of Candidates**

**No Objection Certificate of the Employer**

Certified that Shri/Smt.....holds a post in this.....(Name of the institution/organization). The Institution/Organisation is having No Objection if his/her candidature is being considered for the post.

Place :  
Date :

**Signature**  
Name & Designation with stamp