


# HOW TO APPLY

## STEPS FOR FILLING OF APPLICATION FORM

1) Click on New Registration from below Home page



सत्यमेव जयते

### RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

Home Advertisement How To Apply NOTICE

#### IMPORTANT DATES

- Opening Date of Application: 17.05.2025
- Closing Date of Online Applications: 16.06.2025 (30 days from the date of publishing in Employment newspaper)
- Last date for receiving hard copy: 26.06.2025 (10 days from closing Date of online applications)
- Cut - off date for receiving hard copy: 10 days from closing date of online application

#### About AIIMS


<https://www.aiimsmangalagiri.edu.in/>

**NEW REGISTRATION:-** To fill Online Application Form, please Register. If you intend to apply for more than one Post you will need to Register separately for each individual Post.

**EXISTING USER:-** If you are already Registered, please Login to proceed to fill the form. After you have completed and submitted the form you may Login at any time to download the PDF of your Form.

New Registration  
Existing User  
Forgot Password  
HOW TO APPLY?

2) Below Page will appear. Fill all details as shown below & click on SUBMIT button.



सत्यमेव जयते

### RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

#### APPLICATION FORM FOR DIRECT RECRUITMENT

All \* fields are mandatory

\*POST NAME: --SELECT--

\*DEPARTMENT: [Dropdown]

\*CANDIDATE TYPE: [Dropdown]

\*FULL NAME: [Text Field]

(Name as recorded in the Matriculation/Secondary Examination Certificate. Do not use Mr./Shri/Dr etc.)

\*DATE OF BIRTH: DAY [Dropdown] MONTH [Dropdown] YEAR [Dropdown]

(DOB should be same as in 10th marksheet)

\*EMAIL ID: [Text Field]


\*MOBILE NUMBER: [Text Field]

[Image: AiLno] [Text Field] Reload Captcha

\*GENERATE OTP: [Text Field] [GENERATE OTP]

SUBMIT EXIT

3) Login and Password will be displayed. Click on Exit.



सत्यमेव जयते

### RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS


**Congratulations - Your registration is successful**

**Note down your login id and password & Relogin again to change your password**

Login Id	300004
Password	31011987

**EXIT**

4) Login Page - Login using the Login Id and password



सत्यमेव जयते


### RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

#### Login

Login Id	<input type="text" value="300004"/>
Password	<input type="password" value="....."/>

**SUBMIT** **EXIT**

5) Change Password



सत्यमेव जयते

### RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

Old Password :	<input type="password" value="....."/>
New Password :	<input type="password" value="....."/>
Confirm Password :	<input type="password" value="....."/>

Note : PASSWORD SHOULD BE MINIMUM 6 CHARACTERS AT LEAST 1 UPPERCASE ALPHABET, 1 LOWERCASE ALPHABET, 1 NUMBER AND 1 SPECIAL CHARACTER (Example:Mangalagiri@123)

**Change Password** **Reset Password** **EXIT**

## 6) Login Using credentials



RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

### Login

Login Id

Password

## 7) Fill all the bills in the application form below



### RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

#### APPLICATION FORM

All \* fields are mandatory

*POST NAME	PROFESSOR
*CANDIDATE TYPE	MEDICAL
*DEPARTMENT	ANAESTHESIOLOGY
*FULL NAME	TEST
*DATE OF BIRTH	31 JAN 1987
38 -Years 4 -Months 16 -Days (Age: Auto Calculated value AS ON 16 JUNE 2025)	
*FATHER'S/GUARDIAN NAME	Mr FATHER/GUARDIAN NAME <small>(Father Name as recorded in the Matriculation/Secondary Examination Certificate. Do not use Mr./Shri/Dr etc.)</small>
*MOTHER'S NAME	Mrs MOTHER NAME <small>(Please do not use any prefix such as Smt./Mrs. etc.)</small>
*NATIONALITY	--SELECT--
*AADHAR NUMBER/OCI CARD NUMBER	AADHAR NUMBER
*MARITAL STATUS	--SELECT--
*CATEGORY OF POST	--SELECT--
*CATEGORY OF CANDIDATE	
*WHETHER AGE RELAXATION REQUIRED?	--SELECT--
*IS PERSON WITH DISABILITY (PWD)	--SELECT--
*WHETHER GOVERNMENT SERVANT	--SELECT--
*PRESENT EMPLOYMENT STATUS	--SELECT--
*NOC FROM PRESENT EMPLOYMENT	--SELECT--

I hereby declare that I have read all the terms and conditions related to this test. Further, I hereby declare that the information provided in the Application Form is true, complete & correct to the best of my knowledge and belief. I have not concealed any information. In case, any fact mentioned in the application is found to be wrong/ incorrect at any stage, my candidature may be cancelled.

SAVE & NEXT

EXIT

8) Fill contact details, Address details.



RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

All \* fields are mandatory

CONTACT DETAILS

\*MOBILE NUMBER

9838020916

\*EMAIL ID

test@test.com

CURRENT ADDRESS

\*ADDRESS

ADDRESS

\*STATE/U.T.

--SELECT--

\*DISTRICT

\*CITY

CITY

\*PINCODE

PINCODE

PERMANENT ADDRESS

Same as Current Address

\*ADDRESS

ADDRESS

\*STATE/U.T.

--SELECT--

\*DISTRICT

\*CITY

CITY

\*PINCODE

PINCODE

BACK

SAVE & NEXT

EXIT

9) Fill education details, select medical or non-medical details and experience details.



RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

ACADEMIC QUALIFICATION

NOTE : PLEASE DO NOT APPLY ,IF YOU DONT HAVE ESSENTIAL QUALIFICATION TILL LAST DATE OF SUBMISSION OF APPLICATION FORM  
CONVERSION OF CGPA/GRADE INTO PERCENTAGE WILL BE MADE AS PER THE CRITERIA INDICATED BY UNIVERSITY/BOARD

\* CANDIDATE TYPE ?

--SELECT--

All \* fields are mandatory

EXAMINATION	MAIN SUBJECT	CGPA / GRADE / PERCENTAGE	BOARD/UNIVERSITY/INSTITUTION	PASSING YEAR
*10th HIGH SCHOOL / EQUIVALENT	<input type="text"/>	<input type="checkbox"/> CGPA <input type="text"/> <input type="checkbox"/> Grade <input type="text"/> <input type="checkbox"/> Percent <input type="text"/>	<input type="text"/>	YEAR <input type="text"/>
*12th HIGHER SECONDARY / EQUIVALENT	<input type="text"/>	<input type="checkbox"/> CGPA <input type="text"/> <input type="checkbox"/> Grade <input type="text"/> <input type="checkbox"/> Percent <input type="text"/>	<input type="text"/>	<input type="text"/>
* GRADUATION	<input type="text"/>	<input type="checkbox"/> CGPA <input type="text"/> <input type="checkbox"/> Grade <input type="text"/> <input type="checkbox"/> Percent <input type="text"/>	<input type="text"/>	<input type="text"/>
*POST GRADUATE DEGREE	<input type="text"/>	<input type="checkbox"/> CGPA <input type="text"/> <input type="checkbox"/> Grade <input type="text"/> <input type="checkbox"/> Percent <input type="text"/>	<input type="text"/>	<input type="text"/>
*SPECIALISATION/DOCTORATE	<input type="text"/>	<input type="checkbox"/> CGPA <input type="text"/> <input type="checkbox"/> Grade <input type="text"/> <input type="checkbox"/> Percent <input type="text"/>	<input type="text"/>	YEAR <input type="text"/>

SUPER SPECIALISATION	<input type="text"/>	<input type="checkbox"/> CGPA <input type="text"/> <input type="checkbox"/> Grade <input type="text"/> <input type="checkbox"/> Percent <input type="text"/>	<input type="text"/>	YEAR <input type="text"/>
ANY OTHER QUALIFICATION	<input type="text"/>	<input type="checkbox"/> CGPA <input type="text"/> <input type="checkbox"/> Grade <input type="text"/> <input type="checkbox"/> Percent <input type="text"/>	<input type="text"/>	YEAR <input type="text"/>

Professional Registration Details for Medical Candidates

Medical Council Registered with.	<input type="text"/>
Medical Council Registration No.	<input type="text"/>
Medical Council Registration / Renewal Date.	dd-mm-yyyy <input type="text"/>

\*TEACHING / RESEARCH EXPERIENCE UP TO 30 JUNE 2025 (Note: Mention in chronological order)

Sr. No.	Name of Organisation(s)	Designation	Nature of Duty (ies)	Period of Service From	Period of Service To
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	01 MONTH Select	01 MONTH YEAR
<a href="#">Add New Row</a>					

Present Employment Details

Post Held / Designation:	<input type="text"/>
Pay Scale:	<input type="text"/>
Address of Present Employer:	<input type="text"/>
NOC obtained from Present Employee:	<input type="text"/>
If selected, what is the notice period you would like to require for joining :	<input type="text"/>

BACK

SAVE & NEXT

EXIT

10) Fill details as follows:



RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

1. Number of scientific paper publications:

• National Indexed Journal:

Save

• International Indexed Journal:

Save

2. Research Projects as Chief or Co - Investigator:

Sr. No.	Source of funding	Title of Project	Role	Year	Total Amount	Remove
1			Role	▼		
						Add New Row

Save

3. Awards, fellowships and membership of professional bodies:

Sr. No.	Description	Remove
1		
		Add New Row

Save

4. Membership of Editorial board / Review committee at National bodies / Institutions:

Sr. No.	Year	Description	Remove
1			
			Add New Row

Save

BACK

NEXT

EXIT

11) Upload recent photo and signature.



RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

UPLOAD DOCUMENTS

All \* fields are mandatory

\*RECENT PASSPORT SIZE PHOTOGRAPH

Choose File No file chosen  
(.jpg upto 100kb)

\* CANDIDATE SIGNATURE

Choose File No file chosen  
(.jpg upto 100kb)

\*UPLOAD DOCUMENT

(Instructions: Single PDF of all documents in chronologically as per Annexure I of the advertisement)

Choose File No file chosen  
(.pdf upto 25MB)

BACK

SAVE & NEXT

EXIT



12) Review preview page, Modify the details, if any and proceed for payment.



RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

APPLICATION FORM : PROFESSOR

PERSONAL INFORMATION

APPLICATION NO. :	300004	 
POST NAME:	PROFESSOR	
CANDIDATE TYPE:	MEDICAL	
DEPARTMENT:	ANAESTHESIOLOGY	
NAME:	TEST	
DATE OF BIRTH:	1987-01-31	
AGE AS ON 16TH JUNE 2025:	38 YEARS 4 MONTHS 16 DAYS	
FATHER/GUARDIAN NAME:	TEST]	
MOTHER NAME:	TEST	
GENDER:	MALE	
NATIONALITY:	INDIAN	
AADHAR NUMBER/OCI CARD NUMBER:	111111111111	
MARITAL STATUS:	UN-MARRIED	
CATEGORY OF POST:	EWS	
CATEGORY OF CANDIDATE:	UNRESERVED	

1. NUMBER OF SCIENTIFIC PAPER PUBLICATIONS:

• NATIONAL INDEXED JOURNAL:

• INTERNATIONAL INDEXED JOURNAL:

2. RESEARCH PROJECTS AS CHIEF OR CO - INVESTIGATOR: ;|

3. AWARDS, FELLOWSHIPS AND MEMBERSHIP OF PROFESSIONAL BODIES:

S.NO.	DESCRIPTION
1	SILVER MEDAL ACADEMIC PERFORMANCE MD PMR2017 BATCH, VMMC AND SAFDARJUNG HOSPITAL
2	MEMBERSHIP INDIAN ASSOCIATION OF PMR
3	MEMBERSHIP INDRAPRASTHA ASSOCIATION OF REHABILITATION MEDICINE
4	MEMBERSHIP INDIAN STEM CELL STUDY GROUP ASSOCIATION

4. MEMBERSHIP OF EDITORIAL BOARD / REVIEW COMMITTEE AT NATIONAL BODIES / INSTITUTIONS:

DECLARATION:


I HAVE READ ALL THE PROVISIONS OF NOTICE/ADVERTISEMENT CAREFULLY AND I HEREBY DECLARE THAT THE INFORMATION SUBMITTED BY ME IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I SHALL BE LIABLE FOR ANY DISCIPLINARY/PUNITIVE ACTION IN CASE ANY OF THE DETAILS ARE FOUND TO BE INCORRECT. APPLICANTS MUST FILL ALL THE FIELDS CAREFULLY SINCE AFTER SUBMISSION OF ONLINE APPLICATION REQUEST FOR THE CHANGE IN ANY INFORMATION AT ANY LATER STAGE WILL NOT BE CONSIDERED.

PROCEED TO PAYMENT

MODIFY

EXIT

13) Payment details page will show as:



सत्यमेव जयते

## RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

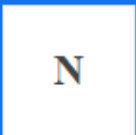
**PAYMENT DETAILS**

ORDER NO.	AIIMSMangFaculty_2025-OL103048
TOTAL	3100

[Pay Online](#)


14) Fill the details on payment gateway page and click on PROCEED.

12:01 mins EN





**Order ID**  
AIIMSMangFaculty\_2025-OL103048

Order Amount	₹ 3,100.00
Transaction Fee	₹ 0.00
Tax (18.00%)	₹ 0.00
<b>Total Payable</b>	<b>₹ 3,100.00</b>

Secured by **CCAvenue** 

### CUSTOMER INFORMATION

+91	Mobile # 9999999999	
	Email XXXXXXXX@XXXXXX.COM	

**PROCEED**

10:48 mins EN ▾

**N** NA


**Order ID**  
AIIMSMangFaculty\_2025-OL103048

---

Order Amount	₹ 3,100.00
Transaction Fee	₹ 0.00
Tax (18.00%)	₹ 0.00

---

**Total Payable**      ₹ **3,100.00**

Secured by **CCAvenue** 

## BILLING

←

+91 9999999999

Name

Address

Zip Code

City

State

Country  
India

My shipping address is different

**PROCEED**

15) Choose a payment option.

08:44 mins EN ▾

**N** NA


**Order ID**  
AIIMSMangFaculty\_2025-OL103048

---

Order Amount	₹ 3,100.00
Transaction Fee	₹ 0.00
Tax (18.00%)	₹ 0.00




---








**Total Payable**      ₹ **3,100.00**







Secured by **CCAvenue** 

## CHOOSE A PAYMENT OPTION

+91 9999999999

 Card VISA   >


 Netbanking       >

 UPI      >

16) After payment, print form for your future perspective.

APPLICATION FORM : ACCOUNTS OFFICER

**Personal Information**

Application No. :	100045		
Post Type:	ACCOUNTS OFFICER		
Date Of Birth:	1990-03-01		
Name:	CANDIDATE NAME		
Father/Guardian Name:	FATHER NAME		
Mother Name:	MOTHER NAME		
Gender:	FEMALE		
Whether Resident of North East States:	NO		
Aadhar Number:	123456789123		
Category:	UNRESERVED		
Ex-Serviceman:	YES		
Aadhar Number:	123456789123		
Category:	UNRESERVED		
Ex-Serviceman:	YES		
Service Period:	Service Year(s): 5	Service Month(s): 1	
Type of Disability:	OL		
	Percentage of Disability: LESS THAN 40%		
	Certificate Number : PH 123456		
	Certificate Issue Date : 01-01-2000		
Whether Employee of AIIMS, Raipur (Regular/Contractual):	NO		
AQIE relaxation Required:	NO		
Central Govt. Civilian Employees:	NO		
AQIE relaxation for central govt. civilian employees:			
Mobile Number:	9999999999		
Email Id:	TEST@GMAIL.COM		
Current Address:	Address: State/U. T.: District: City: PinCode:	COOREGACON WEST MAHARASHTRA (MH) MUMBAI CITY MUMBAI 400104	
Email Id:	TEST@GMAIL.COM		
Current Address:	Address: State/U. T.: District: City: PinCode:	COOREGACON WEST MAHARASHTRA (MH) MUMBAI CITY MUMBAI 400104	
Permanent Address:	Address: State/U. T.: District: City: PinCode:	COOREGACON WEST MAHARASHTRA (MH) MUMBAI CITY MUMBAI 400104	
Exam City:	RAIPUR		

**Qualification Details**

EXAMINATION	SUBJECT	QUALIFICATION	PERCENTAGE / GRADE / CGPA	BOARD/UNIVERSITY/INSTITUTION	PASSING YEAR	ROLL NUMBER
10th HIGH SCHOOL / EQUIVALENT	ENGLISH		A(GRADE)	MAHARASHTRA STATE BOARD	2001	123456
12th HIGHER SECONDARY / EQUIVALENT	ENGLISH		A(GRADE)	MAHARASHTRA STATE BOARD	2004	789540
GRADUATION	COMMERCE	COMMERCE	A(GRADE)	MAHARASHTRA STATE BOARD	2007	564789
No. OF EXPERIENCE IN SUPERVISORY CAPACITY IN GOVT. ORGANIZATION			4			

**Payment Status**

Fee Details	Transaction ID	Transaction Date	Status
NA	NA	NA	NA

**Declaration:**

I hereby declare that the information submitted by me is correct and true to the best of my knowledge. I shall be liable for any disciplinary/punitive action in case any of the details are found to be incorrect.

*Signature*

PRINT
EXIT

In case of password forget click on Forget Password

RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

Click below "Address for sending the hard copy application and relevant documents through Speed post/courier is as under:"

Home Advertisement- How To Apply NOTICE

**IMPORTANT DATES**

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**EXISTING USER:-** If you are already Registered, please Login to proceed to fill the form. After you have completed and submitted the form you may Login at any time to download the PDF of your Form.

New Registration  
Existing User  
**Forgot Password**  
HOW TO APPLY?

Sample Document Helpline Details

Fill the details as follows and click on SUBMIT, you will get the Password.

RECRUITMENT OF FACULTY POSTS (GROUP 'A') IN VARIOUS DEPARTMENTS OF AIIMS MANGALAGIRI ON DIRECT BASIS

**Forget Credentials**

DOB(yyyymmdd)

MOBILE NO

SUBMIT EXIT

**THANK YOU  
ALL THE BEST**