



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) कल्याणी
All India Institute of Medical Sciences (AIIMS) Kalyani
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक सांविधिकनिकाय)
(A Statutory Body under the Aegis of Ministry of Health and Family Welfare, GOI)
राष्ट्रीय राजमार्ग - 34, बसन्तपुर, सागुना, कल्याणी, ज़िला - नदिया, पश्चिम बंगाल - 741245
NH-34 Connector, Basantapur, Saguna, Kalyani, District Nadia, West Bengal 741245

No. 3975/E-31012/1/23-(APS)

Dated: 01.03.2024

NOTIFICATION

Promotion under Assessment Promotion Scheme (APS) w.r.t. medical faculty in the level of Additional Professor, Associate Professor & Assistant Professor, AIIMS, Kalyani – reg.

AIIMS, Kalyani invites off-line applications for promotion under Assessment Promotion Scheme (APS) w.r.t. medical faculties in the level of Additional Professor, Associate Professor & Assistant Professor of AIIMS, Kalyani.

In this connection, the faculties who have completed & confirmed their probationary terms of 2 years as well as 3 years of continuous services as Associate Professor & Assistant Professor and 4 years of continuous services as Additional Professor at AIIMS, Kalyani, may submit their off-line applications in the prescribed pro-forma as attached as per ANNEXURE - I through proper channel addressing to **the Executive Director, All India Institute of Medical Sciences (AIIMS), Kalyani latest by 2nd March, 2024 by 11 AM.**

Hence, faculties are requested to submit their application in the prescribed pro-forma attached with this Notification **latest by 2nd March, 2024 by 11 AM.**

This is issued with the approval of the Competent Authority.

Sd/-
Recruitment Cell
AIIMS Kalyani

प्रति/To,

1. All the faculty members of AIIMS, Kalyani.

प्रतिलिपि/Copy to,

1. PS to ED, AIIMS, Kalyani – for kind information of ED.
2. All the HoDs of various Depts. of AIIMS, Kalyani.
3. Prof. Dr. Kalyan Goswami, Dean (Academics), AIIMS, Kalyani
4. Prof. Dr. Ajay Mallick, Medical Superintendent, AIIMS, Kalyani.
5. FIC (Website), AIIMS, Kalyani – with a kind request to upload the same.
6. Concerned file.



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) कल्याणी
All India Institute of Medical Sciences (AIIMS) Kalyani
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक सांविधिकनिकाय)
(A Statutory Body under the Aegis of Ministry of Health and Family Welfare, GOI)
राष्ट्रीय राजमार्ग - 34, बसन्तपुर, सागुना, कल्याणी, ज़िला - नदिया, पश्चिम बंगाल - 741245
NH-34 Connector, Basantapur, Saguna, Kalyani, District Nadia, West Bengal 741245

No. 3975/E-31012/1/23-(APS)

Dated: 01.03.2024

ANNEXURE - I

APS PRO-FORMA

1. Name of the Faculty :
2. Designation & Department :
3. Date of Joining at AIIMS Kalyani :
4. Date of Birth :
5. i) Registration No. & Date :
- ii) Central/State Medical Council in which registered :

6. Educational Qualifications (Only Degrees and Diplomas awarded through a course of study, examination or research to be included)

Examination Passed	Year of Passing	No. of Attempts	University/Institution
a) Undergraduate Career			
b) Postgraduate Career			

7. Experience (Starting from Assistant Professor):

Post Held (Indicate temporary/Permanent)	Period		Total Period			Employer Name
	From	To	Years	Months	Days	

8. Additional qualification such as Membership of scientific society :

9. Publications: Number of Papers :

(Only include papers published in the period under review).

	Published		Accepted for Publication (With Proof)	Presented at Conferences
	Indexed	Non-Indexed		
National				
International				
Total				

10. Papers Published (Details) :

a) Work done outside AIIMS Kalyani (but published during the period under review) should be marked with an * in the serial number column.

b) Only include papers published in the period under review.

SI. No.	List of Papers in Vancouver style	Type of paper(Original article/ review/ case report/ editorial)	Impact Factor

11. Chapter in Books/Books edited :

12. Teaching: Please be as accurate as possible. If not applicable state NA.

a) Didactic Lectures Delivered(Per Year) :

b) Participation in Departmental, Institutional Programs sponsored by National Associations & other educational Institutions, educational exercises i.e. continuous Medical Education, Grand rounds, seminars, workshop :

- c) **Clinical Teaching Experience** :
- d) **Inter-Departmental Teaching** :
- e) **Visiting Professorship** :
- f) **Question Bank formation** :
- g) **Production of teaching Material / Books / Monographs / Teaching Manuals** :
- h) **Innovation in teaching methods introduced** :
- i) **Thesis/dissertation guided in period under Review.**

Sl.No.	Ph.D/MD/MS/ICMR STS	Guide/Co-guide	Title of thesis/dissertation/Project

- j) **CME/Workshop conducted during period under review :**

Sl.No.	Name of CME/Workshop	Dates	Role of the Faculty

13. Patient Care Services (If not applicable- write NA)

- a) **OPD Clinic attended / Month** :
- b) **IPD duties assigned & done / Month** :
- c) **Procedures / Surgeries undertaken** :
- d) **New Technique Developed** :
- e) **New Services Started, Creation of disease management programmes** :
- f) **Destination Programs (High Excellence)** :
- g) **Interdisciplinary clinical treatment that are pace setters for other systems to adopt.** :
- h) **Development of new care models/ care delivery methods** :

14. Grants obtained as Principal Investigator

Sl.No.	Title of the project	Intramural /Extramural	Name of Agency	Amount

15. Grants obtained as Co-investigator

Sl.No.	Title of the project	Intramural /Extramural	Name of Agency	Amount

**16. Highlights of your research/any other
Major contribution :**

- a) Awards/recognition/honours with year of award
- b) State your contribution to AIIMS Kalyani and your future plans in not more than 250 words (use separate sheet)

DECLARATION

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief and that I have **only** included information **on work done during the period under review.**

Place:

Signature of the Applicant

Date:

Signature
Name, Designation & Office Seal
of the Recommending & Forwarding
Authority (Head of the Dept. /Officer I/C of Dept.):