



सत्यमेव जयते

अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर  
हिमाचल प्रदेश -१७४०३७

All India Institute of Medical Sciences, Bilaspur  
Himachal Pradesh-174037

<https://aiimsbilaspur.edu.in>

e-mail: -establishment.b1@aiimsbilaspur.edu.in



AIIMS-BLS(B-I)(02)(APS)/26

20<sup>th</sup> May, 2026

**NOTICE**

**Subject: - Invitation of applications to consider fitness for promotion of faculty in the level of Additional Professor, Associate Professor & Assistant Professor at AIIMS, Bilaspur under Assessment Promotion Scheme (APS) - reg.**

AIIMS Bilaspur is pleased to invite off-line applications from eligible faculty members of AIIMS Bilaspur at the levels of Additional Professor, Associate Professor, and Assistant Professor to consider their fitness for promotion under Assessment Promotion Scheme (APS) at AIIMS, Bilaspur.

2. Assistant Professor & Associate Professors with three years and Additional Professors with four years of regular service in the respective grades in AIIMS Bilaspur, as on 30<sup>th</sup> June 2026 and are confirmed to their respective posts, are eligible for promotion as Associate Professor, Additional Professor and Professor, respectively.

3. Eligible faculty members can submit their off-line applications in the prescribed proforma attached as ANNEXURE through proper channel **within one month from the issuance of this circular**. The applications shall be addressed to the Executive Director, All India Institute of Medical Sciences (AIIMS), Bilaspur (*kind Attention: Recruitment Cell*).

4. Please note that any request for soft copy of the application form will not be entertained. However, additional information in respect of relevant columns can be submitted by appending suitable annexure, if need be.

5. This is issued with the approval of the competent authority.

**Enclosures:** Proforma for application

Signed by

Vishwas Pradeep Paranjpe

Date: 20-05-2026 09:55:37  
Deputy Director (Admin),  
AIIMS Bilaspur, H.P.

**Copy to for information:**

1. The Medical Superintendent, AIIMS Bilaspur, H.P.
2. The Dean (Academics), AIIMS, Bilaspur.
3. Concerned HoDs of various Depts. of AIIMS, Bilaspur.
4. Faculty I/c (Recruitment Cell).
5. Webmaster for uploading on website please.
6. All eligible faculty members for compliance.
7. PA to ED for information of Executive Director.



9. (i) Medical Council Reg. No.: \_\_\_\_\_  
(with renewal date)
- (ii) HPR Reg. No.: \_\_\_\_\_

**10. 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./ B.D.S.					
M.D./M.S./ M.D.S.					
D.M./M.Ch					
M.Sc.					
Ph.D.					
Any other Examination					

*(Please fill the relevant degrees only)*

**11. Employment details at AIIMS Bilaspur (Starting from Assistant Professor only): -**

Designation	From	To	Details of Extra Ordinary Leave without pay during assessment period, if any

--	--	--	--

**12. Awards, fellowship and membership of task forces or committee of scientific bodies (e.g. ICMR/DBT/DST), Institutions (Governing Body, Academic Body, Scientific Committees, etc. of the Govt. institutes) or registered professional associations etc. please list only major achievements with proof in the form of copy as Annexure.**

No.	Awards/ Fellowship etc.	Year	Details
1.			
2.			
3.			
4.			

**13. a) Membership of Editorial boards of Indexed journals** (only those listed in PubMed, SCI, Excerpta Medica, Scopus, IndMed) or Membership of executive committees, etc. of international/national scientific professional bodies (attach proof of appointment)

No.	Journal/Organization	Responsibility	From	To
1.				
2.				
3.				
4.				
5.				

**b) List of Journals for which you have peer reviewed in the period under review** (attach proof of appointment as peer reviewer)

1.	
2.	
3.	
4.	
5.	

**14. Major Contributions to Patient Care Services** (only major contributions, such as establishment of a department/division/ unit/ laboratory or new clinical care/ diagnosis service, etc. please)

No.	Patient Care Service	Year (s)	Outcome
1.			
2.			
3.			
4.			
5.			

**15. a) Contribution to Teaching/Training** such as innovation in teaching-learning methods, curriculum development/ revision and training courses

No.	Level*	Activity	Year (s)	Outcome
<b>UG</b>				
1.				
2.				
3.				
<b>PG</b>				
1.				
2.				
3.				
<b>Super-specialty</b>				
1.				
2.				
3.				

(\* Undergraduate (UG)/Post Graduate Course (PG)/ Superspeciality (SS) Courses)

**b) Existing Courses and Students Guideship for research at AIIMS Bilaspur including PhD scholars (if any) and outcomes of mentorship:**

No.	Level **	No. of Students as Guide	No. of Students as Co-guide	Remarks
1.				
2.				
3.				
4.				
5.				

(\*\* MBBS/MD/MS/DM/MCh/PhD, etc.)

**c) Visiting Professor to Universities, INI etc. during service at AIIMS Bilaspur**

No.	Details
<b>International</b>	
1.	
2.	
3.	
<b>National</b>	
1.	
2.	
3.	
4.	

**16. Research projects during the period under review (completed or ongoing, extramural, or intramural - including those for your PhD/MD/MS/DM/MCh/MPH students)**

**a) As Principal Investigator, or for students who you were guide for.**  
(Enclose proof of funding for funded projects)

No.	Title, Sanction number & Date	Source of funding	From	To	Amounts (Lakh Rs.)
1.					
2.					
3.					
4.					
5.					

**b) As Co-investigator (attach proof of funding)**

No.	Title, Sanction number & Date	Source of funding	From	To	Amounts (Lakh Rs.)
1.					
2.					
3.					
4.					
5.					

**17. Research Collaborations:**

No.	Title, Sanction number & Date	Source of funding	From	To	Amounts (Lakh Rs.)
<b>Patient Care</b>					
International					
1.					
2.					
National					
1.					
2.					
<b>Teaching/Training</b>					
International					
1.					
2.					
National					
1.					
2.					
<b>Research</b>					
International					
1.					
2.					
National					
1.					
2.					
3.					

**18. Significant Outcomes of Completed/ ongoing projects during the period review**

**a) Impact of research**

No.	Outcome	Extramural Project	Intramural Project
Innovations			
1	Clinical Care		
2	Diagnostics		
3	Research		
Patents/IPR generated			
Others (specify)			

**b) Publications in pubmed indexed Journals (Add Annexures if needed)**

No.	Details (Vancouver Style) and DOI	Impact Factor	Citations
1			
2			
3			
4			
5			

**c) Publications other than listed above (add annexure if needed)**

No.	Details (Vancouver Style), and DOI	Citations
1		
2		
3		
4		
5		

**d) Academic Books and Book Chapters written**

No.	Details
1	
2	
3	

**e) Publication Metrics and impact**

ORCID ID:				
Metrics	At joining	During Period	Probation	Source
Total Citations:				
H Index:				
i10 index:				

**f) Please submit copies of 5 best original research papers published by you during the period of assessment.**

**Note: -**

- (i) Please do not include abstracts in conference proceedings, letter to editor, newspaper articles in press or approved for publication, book review.
- (ii) Please do not include publications in predatory journals.

**g) Teaching: Please be accurate as possible. If not applicable state N.A.**

**(i) Didactic Lectures Delivered (Per Year)**

**(ii) Participation in Departmental, Institutional Programs sponsored by National Associations & other educational Institutions, educational exercises i.e., continuous Medical Education, Grand rounds, seminars, Workshop**

**(iii) Clinical Teaching Experience**

**(iv) Inter-Departmental Teaching**

**(v) Visiting Professorship**

**(vi) Question Bank formation**

- (vii) **Student Feed Back**
- (viii) **Production of teaching Material/ Books/ Monographs/ Teaching Manuals**
- (ix) **Innovation in teaching methods introduced**
- h) **Patient Care Services (If not applicable write NA)**
  - (i) **OPD Clinic attended/Month**
  - (ii) **IPD duties assigned & done/ Month**
  - (iii) **Procedures/ Surgeries undertaken**
  - (iv) **New Technique Developed**
  - (v) **New Services Started, Creation of diseases management programmes**
  - (vi) **Destination Programs (High Excellence)**
  - (vii) **Interdisciplinary clinical treatment that are pace setters for other systems to adopt.**
  - (viii) **Development of innovative care models/ care delivery methods**
  - (ix) **Assigned Para-Clinical Duties**
  - (x) **Introduction of new diagnostic tests or techniques**
- l) **Number or Patents earned:  
(Enclose relevant document)**

**19. Institutional Responsibilities (Administrative, membership of committees etc.):**

No.	Position/ Responsibility	From	To	Any Specific Contribution
1.				
2.				
3.				
4.				
5.				

**20. Conferences/CME/Symposia/ Workshops attended and organized:**

No.	Conferences/CME/Workshop (Name, Venue, Date, Year)	Details (Papers presented, talks delivered, workshops, conducted)
<b>Organized</b>		
1.		
2.		
<b>Attended</b>		
1.		
2.		
3.		
4.		
5.		

**21. Contribution to Community Service/ Medical Social work**

No.	Name of Activity and Role	Date and Venue	Outcome
1.			
2.			
3.			
4.			

22.	Any Departmental Enquiries/Civil/ Criminal Cases against you	Yes/No
	If yes, please give details	

<b>23.</b>	<b>Have you ever been warned, reprimanded, penalized, convicted previously?</b>	<b>Yes/No</b>
If yes, please give details		

<b>24.</b>	<b>Describe your notable contributions in patient care, teaching, research or administrative activities in 300 words (A separate paragraph for each activity please)</b>

**25. Enclosures, if any:**

<b>1</b>
<b>2</b>
<b>3</b>
<b>4</b>
<b>5</b>
<b>6</b>
<b>7</b>
<b>8</b>
<b>9</b>
<b>10</b>

**Note: All the details of Research work and published material etc. will be submitted of the assessment period only.**

## 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 if any information furnished herein is found to be false or incorrect, I shall be liable for action as per the rules in force.

<b>Place</b>		<b>Signature</b>	
<b>Date</b>			
<b>Name</b>			
<b>Designation</b>		<b>Department</b>	



अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर  
हिमाचल प्रदेश - १७४०३७

All India Institute of Medical Sciences, Bilaspur  
Himachal Pradesh-174037

<https://aiimsbilaspur.edu.in>

e-mail: - establishment.b1@aiimsbilaspur.edu.in  
01978-292575



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

\*\*\*\*\*

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: - \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Disciplinary Proceedings: -
- EOL availed/Dies-non period: -
- Any other: -

Administrative Officer  
AIIMS Bilaspur, H.P.