

भारत सरकार/Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय/Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय/Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
**All India Institute of Physical
Medicine and Rehabilitation**

हाजी अली, के.के. मार्ग, महालक्ष्मी, मुंबई-400034

संदर्भ सं.: स्था/भर्ती/बीएमई/20
Ref.No.: Estt/Emp/BME/

दिनांक: 3/4/2025

Advertisement Notification

Applications are invited for recruitment to the one post of **Bio-Medical Engineer** by deputation of Central Government officers/ Deputation and re-employment of Armed Forces Personnel at AIIPMR, Mumbai. Relevant details are as given below:

Sl. No.	Name & Pay scale of the post	No. of post	Eligibility criteria
1	Bio-Medical Engineer Level - 7 (Rs. 44900-142400) in pay matrix	01	<p>I. Officers of the Central Government:</p> <p>(a)(i) holding analogous posts on regular basis in the parent cadre or department; or</p> <p>(ii) with five years regular service in posts in level-6 (Rs. 35,400-112400/-) or equivalent in the parent cadre or department; and</p> <p>(b) possessing the educational qualifications and experience as prescribed for direct recruits, which is as follows :</p> <p>- Essential Qualification which are given below:</p> <p>Bachelor's Degree in Bio-Medical Engineering from a recognised university or institute.</p> <p>- Desirable Qualification:</p> <p>Master's degree in Bio-Medical Engineering from a recognised university or institute.</p> <p>II. Note 1: For Ex-Servicemen: The Armed Forces Personnel due to retire or who are to be transferred to reserve within a period of one year and having the requisite experience and qualifications as stated above shall also be considered. If selected such persons shall be given deputation terms upto the date on which they are due for release from the Armed Forces; thereafter they may be continued on re-employment.</p> <p>Note 2 : The period of deputation including the period of deputation in another ex-cadre post held immediately preceding this appointment in the same or some other organization or department of the Central Government shall ordinarily not exceed three years.</p> <p>Note 3: The maximum age-limit for appointment by deputation shall be not exceed fifty-six years as on the last date of receipt of applications.</p>

Applications in the prescribed format giving full details along with bio-data may be forwarded through proper channel to **Director, All India Institute of Physical Medicine & Rehabilitation, Haji Ali, K. Khadye Marg, Mahalaxmi, Mumbai - 400034, within 60 days of publication of the advertisement in the Employment News.**

For prescribed proforma and other details including any corrigendum / addendum, please visit Institute's website www.aiipmr.gov.in.

EN 2/65

निदेशक/Director

Last date of receiving of application is 10.06.2025

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