



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. ADMIN/RECT/FAPS/1/2024-ADMIN/3070

Dated: 24.02.2025

**NOTIFICATION**

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

It is intimated that the faculties who have completed their probationary terms of 2 years and 3 years of continuous services as Associate Professor/ Assistant Professor and 4 years of continuous services as Additional Professor in AIIMS, Kalyani as on 30<sup>th</sup> June, 2025 may submit their applications in off-line mode 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 1<sup>st</sup> March, 2025.**

This issues with the approval of the Competent Authority.

By order of Executive Director

Sd/-  
**Ramesh Chandra Sahoo**  
**Sr. Administrative Officer**  
**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. PS to DDA, AIIMS Kalyani – for kind information of DDA
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.



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*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
<b>a) Undergraduate Career</b>			
<b>b) Postgraduate Career</b>			


**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		
<b>National</b>				
<b>International</b>				
<b>Total</b>				

**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.**

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

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

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

**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**

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

**15. Grants obtained as Co-investigator**

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


**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.):