

अखिल भारतीय आयुर्वेद संस्थान
ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

APPLICATION FORM - I

(For Faculty/Medical Experts)

Name of the post (with discipline) :	<hr/>	Affix self-attested recent passport size photograph
Advertisement No. :	<hr/>	
Category applied for (<i>tick one</i>) :	Unreserved / EWS / SC / ST / OBC / PWD / PH	
Application Fee Amount (₹) :	<hr/>	
SBI Collect Transaction No. :	<hr/>	
Payment Date :	<hr/>	

1. Name in full (in CAPITAL letters) : Dr./Prof.

2. Father's /Husband's Name :

3. Address: (in CAPITAL letters) :

(i) Present address (for correspondence, with phone/mobile No. & E-mail)

Email Id

 Mobile No.

(ii) Permanent home address:

4. Date of birth : dd

 mm

 yyyy

(in words)

Age (as on closing date of application according to Matriculation Certificate)

 years

5. Nationality :

6. Gender: : Male Female Other

7. (a) Mother Tongue :

(b) Other language(s) which the applicant can speak, read and write fluently:

8. Whether belonging to : SC ST OBC EWS PWD PH

(Please enclose a certificate from authorized Issuing Officer, in support)

9. Examinations passed (Please enclose a copy of each degree/certificate & marksheet):

<i>Examination</i>	<i>Name of degree/ diploma and board</i>	<i>Name of college and University</i>	<i>Percentage of marks/ OG PA obtained (Aggregate in case of degree programs)</i>	<i>Division obtained</i>	<i>Year of passing</i>	<i>Subject(s) (Major)/ Specialization</i>	<i>Distinction, if any</i>
(i) 10+2 or equivalent							
(ii) Bachelor's degree							
(iii) Master's Degree							
(iv) Doctorate degree							
(v) Any other examination(s)							

10. Employment Record (*Starting from the present position*):

Office/ Institute/ Organisation	Post held	From	To	Scale of Pay & Basic Pay	Nature of Duties	Actual Duration (Years & Months)

Total experience

(a) Teaching : Years _____ Months _____

(b) Research : Years _____ Months _____

(c) Research Guide/Supervisor : Years _____ Months _____

(d) Other (*please specify*) : Years _____ Months _____

11. RESEARCH

(a) Research Projects :

S.No.	Title of Project (s)	Period (From - To) / No. of years	Budget	Funding agency	PI or Co- PI (Status)	Status of Project completed /ongoing

(b) Patent/ Innovation/Technology developed/commercialized:

(c) No. of candidates (MD/MS/PhD) Supervised:

12. Area of Specialization/Super-Specialization:

13. SCIENTIFIC PUBLICATIONS (published or accepted):

(a) Research papers and Reviews (published in peer review & indexed journals only)*

S.No.	Authors	Title	Journal with year, volume & page no.	Index (ISSN)	Impact factor of Journal	Citation

(b) Books/Manual/Monograph/ Research Bulletins/Extension Bulletins/ Chapters in Scientific Books, Training/Teaching Manuals*

S.No.	Authors/Co-author	Title	Publisher/Journal with page number	Year

**Enclose separate sheet in the prescribed format (if required)*

14. CONFERENCE/WORKSHOP – Total Attended:

(a) National:

(b) International:

(i) In the Country: _____ (ii) Abroad: _____

PAPER PRESENTED:

(a) National:

(b) International:

(i) In the Country:

(ii) Abroad:

15. SCHOLARSHIPS/FELLOWSHIPS/AWARDS ETC:

(a) Scholarships and Fellowships received with details:

(b) Honours/Medals/Awards, etc. with details:

16. Extra-curricular activities e.g. games, sports, NCC, NSS, Community health service/activities etc.:

17. Membership/Fellowship of Scientific Societies/Bodies, if any:

18. Major Academic/Research contribution:

19. Name, address and contact details of two referees including one current supervisor/ employer:

(i)

(ii)

20. Additional information, if any, which you would like to mention in support of your suitability for the post:

(Enclose separate sheet, if the space is insufficient in any column)

21. Your vision about carrying out research/Innovation in Teaching/Clinical Service/Laboratory development in All India Institute of Ayurveda (*enclose one page write up*).

DECLARATION

I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to wilfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

Place: _____

Signature of the candidate

Date: _____

(Name in CAPITAL letters)

REMARKS OF THE PRESENT EMPLOYER

(In the case of those who are already in service)

Certified that information furnished by Shri/Ku./Smt./Dr. _____ in his/her application has been verified from the office records and is found to be correct. No vigilance/disciplinary case is pending or contemplated against him/her and he/she is clear from vigilance angle.

The applicant Shri/Ku./Smt./Dr. _____ is holding a permanent/temporary post of _____ in the scale of pay _____ from _____ and his/her present basic pay is Rs. _____ per month. His/her application is forwarded and he/she will be relieved in case he/she is selected for the post applied for.

Place: _____

Signature

Date: _____

(Designation of Appointing Authority with official seal)