

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

आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान
(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)
गौतमपुरी, सरिता विहार, मथुरा रोड, नई दिल्ली - 110076
Gautampuri, Sarita Vihar, Mathura road, NEW DELHI-110076

APPLICATION FORM - I
(For Faculty/Medical Experts)

Affix self
attested recent
passport size
photograph

Name of the post : _____
(with discipline)

Advertisement No. : _____

Category applied for : _____ (Unreserved/SC/ST/OBC/PWD/PH)

Details of fee paid Amount (`): _____ Bank DD No . _____ Dated: _____

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

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) _____

5. Nationality : _____ 6. Sex: Male Female

7. (a) Mother Tongue : _____

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

8. Whether belongs to SC/ST/OBC/PWD/PH _____
 (in support, please enclose a certificate from authorized Issuing Officer)

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

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

10. Employee 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: Years _____ Months _____
 (Specify)

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/Ph.D) 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 formate (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 eg. 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:

(1) _____

(2) _____

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 willfully 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 application have 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. P.M. His/her application is forwarded and he/she will be relieved in case he/she is selected for the post applied for.

Date

Place

Signature

Designation of Appointing Authority
(with official seal)