

RAJIV GANDHI AYURVEDA MEDICAL COLLEGE
& HOSPITAL, MAHE
(Government of Puducherry Institution)
Chalakkara, New Mahe P.O - 673311.U.Tof Puducherry
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**APPLICATION FOR THE POST OF ASSISTANT PROFESSOR
ON CONTRACT**

Subject applied for : _____

Number & Date of Demand Draft : _____

Name of the Bank & Branch : _____

Affix recent
passport size
photograph
duly signed by
the candidate

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

2. Father's /Husband's Name: _____

3. Address: (in CAPITAL letters)

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

Email Id: _____ Mobile No: _____

(ii) Permanent residential 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 _____

(insupport,pleaseencloseacertificatefromauthorized 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
(ii) Bachelor's degree						
(iii) Master's Degree						
(iv) Doctorate degree						
(v) Any other examination(s)						

10. AYUSH Teacher Code : _____

11. NTET qualification details (If applicable) : _____
 (Attach relevant certificate copy)

12. 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 _____
 c. Research Guide/ : Months _____
 d. Other: Years _____ Months _____ (Specify)

13. RESEARCH:

a) Research Projects:

Sl. No.	Title of Project (s)	Period (from - to) / No. of years	Budget	Funding agency	PI or Co- PI/completed (Status)	Status of Project /ongoing

14. 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)

15. 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: _____

16. SCHOLARSHIPS/FELLOWSHIPS/AWARDS ETC:

Scholarships and Fellowships received with details:

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

17. **Extra-curricular activities eg. Games, sports, NCC, NSS, Community health service/activities etc.:** _____

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

19. **Major Academic/Research contribution:**

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

(1) _____

(2) _____

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)

Contact No: