

Form No.



# MAHAGUJARAT MEDICAL SOCIETY'S J.S.AYURVED MAHAVIDYALAYA & P. D.PATEL AYURVED HOSPITAL

College Road, NADIAD.-387001 Gujarat -India

www.nadiadayurveda.org

Photograph

Demand Draft No.	Date	of Rs.
Name of Bank	Place	
Receipt no.	Date	If application form purchase by cash

Last Date for Receipt of Application: **30 / 04 / 2019**

Application for the post of: Professor / Reader / Lecturer Subject:.....

1. Name in full ( in Block Letters):  
Shri/Smt./Kum. : .....

2. Full address with pin code for correspondence:

<b>Present.</b> Name: ..... Address: ..... ..... ..... ..... Phone No. .... Mobile No. .... Email: ..... Fax No. ....	<b>Permanent.</b> Name: ..... Address: ..... ..... ..... ..... Phone No. .... Mobile No. .... Email: ..... Fax No. ....
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3. Nationality: .....

4. Date of Birth: .....  
Age: .....years

D	D

M	M

Y	Y	Y	Y

5. Sex: Male / Female

6. Marital Status: Married /unmarried

7. Caste/Category: GEN / SC / ST / OBC /OTHER

(Please attach the certificate of regarding)

8.(a) Educational Qualifications:

Name of Examination or Degree	Class or Division	Subjects	Year of Passing	Attempts	Percentage (%)
SSC					
HSC					
BSAM/BAMS					
MD/MS(Ayu)/MD(Ayu)					
Ph.D.					
Other					

8.(b)

Internship Completion Certificate No.			
Registration No. of Council / Board		Renewal up to	
If apply for higher post CCIM teachers code			

9. Experience:

Full Name of Institution	Designation	Full/Part Time	Date of working period		Total duration	Pay Scale/Fixed	Total Emoluments
			From	To			

11. Research Work/Publications: (Please attach additional enclosure):

12. Languages known

Name of the Language	Read.	Speak	Write	Exam Passed
Gujarati				
Hindi				
English				
Sanskrit				
Others				

13. Name of two reference s of reputed persons whom you are known since last five years or more

<p><b>1.</b>  Name: .....  Designation: .....  Address: .....  .....  .....  .....  Phone No. ....  Mobile No. ....  Email: .....  Fax No. ....</p>	<p><b>2.</b>  Name: .....  Designation: .....  Address: .....  .....  .....  .....  Phone No. ....  Mobile No. ....  Email: .....  Fax No. ....</p>
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14. List of Testimonials / certificates attached

(Please attached following copies in the order given below)

1	Birth certificate	12	Registration Certificate
2	SSC	13	Renewal slip
3	HSC	14	Experience certificates
4	School Leaving Certificate	15	Cast certificate
5	Graduation Degree Marksheet	16	DD
6	Internship Completion Certificate	17	Marriage certificate (if change name)
7	Graduation Degree Certificate	18	Pancard-photocopy
8	Graduation Degree Attempt	19	Address proof
9	Post Graduation Degree Marksheet	20	Passport & Thumb size photographs-12
10	Post Graduation Degree Certificate	21	Address Proof- photocopy*
11	Post Graduation Degree Attempt	22	For higher post "NOC" ( Both CCIM & Institute), Resignation letter, relieve letter from institute

\*Adhar card, Driving license, Ration card, Passport, Voter ID, Bank passbook with Photo

Ph.D.	.Exp	Participants in seminar/workshop (only nos. here but hard copies with application)		Publication		Gold Medal/ Prize
		National	International	In pear view Journal	Others	

15.

DECLARATION

I declare hereby that all information submitted by me in this application form is true & complete to the best of my knowledge & belief.

Place: .....

Signature of the Candidate

Date: .....

16.

NOC

This is to certify that ..... is working as a .....in ...  
..... department . Institute has no objection for his/her another job.  
Application from submitted for needful.

Seal & Signature of Employer

OR

I will submit my NOC from my employer at the time of interview.

Signature of the Candidate

Instructions:

1. Subject wise separate application will be essential
2. Incomplete or false information lead to rejection of the application
3. Submission of Application Form through proper channel or NOC from employer in case of employed candidates.
4. Candidate has verified all documents by relevant authority.



# J.S.AYURVED MAHAVIDYALAYA & P. D.PATEL AYURVED HOSPITAL

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## CHECK LIST

1.	Name:		Photograph
2.	Address:		
	With contact nos.		
3.	Date of Birth:		
4.	Age:		
5.	Caste/Category:		
6.	NOC		

(FOR OFFICE USE ONLY)

[1]	Submitted through proper channel? / NOC	-	Yes/No
[2]	Caste certificate produced?	-	Yes/No
[3]	All other requisite certificates produced?	-	Yes/No
[4]	Application fee paid?	-	Yes/No
[5]	Age?	-	Yes/No
[6]	Essential educational qualifications	-	Yes/No
[7]	Possession of requisite experience	-	Yes/No
[8]	Overall eligibility	-	Yes/No
[9]	Application -(Accepted / Rejected)	-	

SIGNATURE OF SCRUTINY COMMITTEE:

1.	2.	3.
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