

No. of advertisement:

Closing Date :



DD/Receipt No.

Date :

Amount:

Photo

ALL INDIA INSTITUTE OF SPEECH & HEARING, MYSORE-6
(An Autonomous Body under Ministry of Health & Family Welfare, Govt. of India)

APPLICATION FOR THE POST OF Post Code.

1. Name in full (in block letters) Mr./ Mrs./ Ms./Dr.			
2. Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
3. (a) Address for communication (b) Permanent Address (Contact telephone / Mobile No. / fax / email, if any)			
4. Date and place of birth			
5. Are you (a) a citizen of India by birth and / or by domicile? (b) If not, indicate the Nationality			
6. Name the state to which you belong			
7. Father's Name and Address Occupation			
8. State whether you are a member of Scheduled Caste / Scheduled Tribe / OBC / PWD (If so, please produce an attested copy in support)			
9. Academic Qualifications (starting from Matriculation)			
Examination	Percentage of marks obtained	Major subjects	Year of passing

=Percentage should be CALCULATED STRICTLY in accordance with the Rules & Regulations of the respective University / Board (as awarded in the Degree Certificate).

OGPA/CGPA points should be converted correctly and accurately to equivalent percentage as per the university rules and regulations should only be indicated in the marks column.

10. Have you been outside India? If so, give the following particulars:				
Country	Date of visit	Duration of visit	Purpose of visit	
11. Particulars of Passport				
No.	Issuing Authority	Valid upto		
12. Research publications: (List them in a separate sheet referring to this serial number):				
13. Research Projects completed / ongoing with you as an investigator: (Give these particulars in a separate sheet quoting this serial number) (a) Title (b) Source of Funds (c) Duration (d) Status				
14. Awards / Honors received				
15. Membership of professional organizations				
16. Language known (read and / or speak):				
17. Work experience (starting from the most recent):				
Name of the employer	Position	Duration From to	Duties	Remuneration / salary paid

18. Are you willing to accept the minimum initial pay offered ? If not, state what is the lowest initial pay that you would accept in the prescribed scale.	
19. How early you can join this institute, if selected?	
20. Reference: Give names / address of three professionals in the field who are in a position to comment on your professional work (The institute may write to them for a confidential assessment of the candidate's capabilities)	
Name / Address	Telephone / Mobile / Fax / Email
1.	
2.	
3.	
21. Briefly explain (within 50 words) how you are suitable for this post.	
22. List of enclosures	
(a) (b) (c) (d) (e) (f) (g)	

DECLARATION

I, hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any information is found false, my candidature may be disqualified without prejudice to any action that may be taken under the rules.

Station:

Date:

.....

Candidate's Signature

Instructions to candidates:

- (1) This application should be returned to this office on or before the last date prescribed for receipt of application.
- (2) Any change in the mailing / contact address should be intimated to this office well in advance.
- (3) Proof in respect of their claims like age, educational qualifications, caste, work experience, etc., should be attached.
- (4) Candidates, who are in service at present, should obtain an endorsement given below from his / her employer.

ENDORSEMENT BY THE EMPLOYER (where the candidate is presently employed)

No.....

Date

Mr. / Mrs. / Ms. / Dr. who is at present employed as (Designation).....a Permanent / Temporary employee in this office, will be relieved if selected, without delay. His / Her present basic pay is per month in the pay scale / band of Rs.

Signature

Designation

