

**Seth Sakharam Nemchand Jain Aushadhalaya Trust's
SETH GOVINDJI RAOJI AYURVED MAHAVIDYALAYA
(Grant In Aid by Govt. of Maharashtra)**

APPLICATION FORM

Name of the post (with discipline) : _____
Advertisement Dated on. : _____
Category : _____
Transaction No. : _____
Payment Date : _____

Affix self-attested
recent passport
size photograph

1. Name in full (in CAPITAL letters) : Dr. _____
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/ Organization	Post held	From	To	Scale of Pay & Basic Pay	Nature of Duties	Actual Duration (Years & Months)

Total experience

- (a) Teaching : Years _____ Months _____
- (b) Research Institute : 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 in last 5 Years:

(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) Honors/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 SGR Ayurved Mahavidyalaya *(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/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)