

Advertisement No:

Closing date:



DD / Receipt No:

Date:

Amount Paid:



ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE - 570 006

(An Autonomous Body under Ministry of Health & Family Welfare, Govt of India)

APPLICATION FOR THE POST OF POST Code.....

1. Name of the Candidate (BLOCK LETTERS)

Mr / Mrs / Ms / Dr.

2. Gender:

Male Female Transgender

3. (a) Address for Communication

(b) Email ID

(c) Mobile Number

(d) Aadhar No.

(e) Permanent Address

4. (a) Date of Birth

DD MM YYYY
YEARS Months DATE

(b) Age as on last date of Application

(c) 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. (a) Father's Name

(b) Father's Occupation

Govt. Private others

8. State whether you are a member of Scheduled

Caste / Scheduled Tribe / OBC / EWS / UR / PWD

(if so, please produce an attested copy in support)

SC ST OBC

UR EWS PWD

9. Academic Qualifications

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Class
SSLC / X					
HSC / XII					
Bachelor Degree					
Master Degree					
Ph.D					
others					

Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate). 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. Are you Involved in any court cases

yes NO

11. Have you been outside India? If so, give the following particulars:							
Country		Date of visit		Duration of visit		Purpose of visit	
12. Particulars of Passport							
No.		Issuing Authority			Valid upto		
13. Research publications: (List them in a separate sheet referring to this serial number):							
14. 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							
15. Awards / Honors received							
16. Membership of professional organizations							
17. Language known (read and / or speak):							
18. Work experience (starting from the most recent):							
Name of the employer	Position	Duration		Copy enclosed		Duties	Remuneration / salary paid
		From	To	Yes	NO		

<p>19. 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.</p>	
<p>20. How early you can join this institute, if selected?</p>	
<p>21. Reference:</p> <p>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)</p>	
<p>Name / Address</p>	<p>Telephone / Mobile / Fax / Email</p>
<p>1.</p> <p>2.</p> <p>3.</p>	
<p>22. Briefly explain (within 50 words) how you are suitable for this post.</p>	
<p>23. List of enclosures</p>	
<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p> <p>(g)</p>	

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)

Ref. No.....

Date

Mr./ Mrs./ Ms./ Dr., joined at this Institute on..... who is at present employed as (Designation) a Permanent / Temporary employee in this office, will be relieved if selected, without delay. His / Her present pay is per month in the pay level..... as per VII CPC.

Signature

Designation