

**FORM: B-1**



**Application fee payment details:**

Transaction ID/UTR: .....

Date of payment: .....

Amount Paid: .....

Recent passport size photo with self attested

Advertisement No: **06/2024 dt.29.08.2024**  
Closing date: **45 days from the date of publication of advt. in the Employment News paper**

**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 ASSOCIATE PROFESSOR**

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

**DISCIPLINE:..... & POST CODE:.....**

**PART - I (GENERAL)**

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

(b) Age as on last date of Application  
(Attach Documentary proof for DOB)

Years  Months  Days

(c) Place of Birth .....

5. Are you:

(a) a citizen of India by birth and /or by domicile? .....

(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

(if so, attach documentary proof in support)

9. Have you ever been convicted by a court of law for any offence?

9 (a). If so, give details there of:

10. Present Employer of the candidate:

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

(b) In case of private / others, indicate the name & address of the employer:

11. (a) Educational Qualification:

(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application). (Attach Documentary proof)

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents
SSLC / X					
HSC / XII					
Diploma / PG Diploma Certificate (if any)					
Bachelor Degree					
Master Degree					
Ph.D.					

Note: where ever it is not applicable make as Nil or NA.

11. (b) Title of Ph.D. Thesis

.....  
.....  
.....

11.(c) Date of declaration of Ph.D. Degree:

.....

(Attach Documentary Proof)

11. (d) Other Qualifications:

*(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)*

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

12. **RCI / CAHP Registration details:** (attach documentary proof)

RCI / CAHP Registration No:

.....

Date of Issue of Certificate:

.....

Validity of the Certificate till:

.....

**Work experience (starting from the most recent):**

13 (a) *(Note: if the copy of experience certificate is not enclosed then, your experience will not be counted)*

Name of the employer (Indicate: Govt./Private)	Designation / Position	Duration		Pay level (If in Govt.)	Nature of work & level of responsibilities
		From	To	Emolument (Basic + DA) [If in Private]	

[Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete]

13 (b) **Teaching/Research Experience after Ph.D.:** ..... (In Years, Months & Days)

**PART - II (ACADEMIC DETAILS)**

14 (a) **Teaching Experience:**

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	To
1					
2					
3					
4					

14 (b) **Membership in National / International Organizations: (attach documentary proof)**

Sl. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	To
1					
2					
3					
4					

14 (b) (i) **Other Professional training undergone, if any, and details thereof:**

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14 (c) **Membership in Professional Organizations:**

Sl. No.	Name of the Organization	National / International	Position held if any	From	To
1					
2					
3					
4					
5					

14 (d) **Honors & Awards:**

1	
2	
3	
4	
5	

**PART - III (CLINICAL EXPERIENCE)**

15 (a) **Area of Specialization:** .....

15 (b) **Provide the details of Clinical work assigned & completed:**

Sl. No.	Name of the Organization	Name of the Outpatient / Special Unit	No. of hours assigned per week	Total hours actually engaged
1				
2				
3				
4				

15 (c) *Protocol and Resource Manual prepared:(if any provide the complete details with documentary proof)*

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**PART - IV (RESEARCH & PUBLICATION)**

16 (a) *Research Articles/Papers published in Journals/Periodicals / Conference Proceedings / News Papers:(Attach separate sheet, if space is found insufficient with documentary proof)*

Sl. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No	International / National	Impact Factor
1						
2						
3						
4						
5						
6						

6 (b) **Publications (other than Research Paper)**

Books / Policy papers:

Sl. No.	Title of the Book(s) with page No.	ISBN/ ISSN No.	Issue & Year of publicaiton	Main author / Co-author (specify)	National / International Books (Specify)
1					
2					
3					
4					
5					
5					

(ii) **E-Content:**

Sl. No.	Title of E-Content for a complete course/e-book	URL Link / QR code / ISBN/ ISSN No./Link if any	Main Author / Co-Author (speify)
1			
2			
3			
4			
5			



16 (c) *Research Projects Intramural & Extramural completed / ongoing with you as an investigator:*

(Give these particulars in a separate sheet quoting this serial number)

Sl. No.	Title of project	Source of funds & amount of Grants	PI / Co-PI (Specify)	Duration of the project	Status of the project & supporting documents
1					
2					
3					
4					
5					

16 (d) *Collaboration with International / National Organizations:*

Sl. No.	Name of the collaborative activity	Name of the Collaborating Organization	National / International	Duration	
				From	To
1					
2					
3					
4					



**Patent / Technology Transfer / Copy right / Innovation issued by Intellectual Property India,  
16 (e) Patent Office, GOI: [with Supporting document](If any International Patent, kindly attach  
separate document)**

Sl. No.	Title of patent (Invention titled)	Single / Joint Patent Holder (Specify)	Patent No. / Application No.	Date of Filing	Date of issue patent by Controller of Patent, GOI
1					
2					
3					

**Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop  
16 (f) participated in the last 10 years: (Attach separate sheet, if space is found space is found  
sufficient. Also, attach documentary proof)**

Sl. No.	Title	Category (Paper Presentation / Conference / Seminar / Symposium / work shop)	Category (International / National)	Place	Year
1					
2					
3					
4					
5					
6					

16 (g) **Research Guideship (Guidance to Ph.D. Scholars)/Dissertation students:**

Sl. No.	Doctoral/Dissertation student guided successfully (Name of the student)	Research recognition Letter Issued by University for Ph.D. (Ref No. & Date)	Year of Degree awarded	Title of the Ph.D. thesis/Dissertation
1				
2				
3				

16 (h) **Seminars / Conference / Workshop / Refresher course Organised:**

Sl. No.	Title	Period	Place	Remarks
1				
2				
3				
4				
5				

16 (i) **Public Education Awarness campaign / Camp / commemoration / Special day organized:**

Sl. No.	Name of the Program	Particulars
1		
2		
3		

o (j) **Resource Materials / Audio/Video resource Developed for Public Education:**

Sl. No.	<u>Title:</u>
1	
2	
3	

**References :**

- 17 *Give name & 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)*

Sl. No.	Name & Office address of the Official	Designation	Contact No. & Official Email
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

- 18 **Briefly explain (within 100 words) how you are suitable for this position.**

17 Checklist:

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			Yes	No	Not applicable	
1	Proof of payment of application fee	Pg. (1)				
2	Proof of Age	4 (a)				
3	SSLC	11 (a)				
4	PUC	11 (a)				
5	Bachelor's Degree (all semester mark sheets)	11 (a)				
6	Bachelor's Degree Certificate	11 (a)				
7	Master's Degree (all semester mark sheets)	11 (a)				
8	Master's Degree Certificate	11 (a)				
9	Ph.D. Certificate / Declaration of result	11 (a) & (b)				
10	RCI Registration Certificate	12				
11	Post Ph.D. Experience Certificate	13 (b)				
12	Other Experience Certificates	13 (a)				
13	Details of academic teaching experience	14 (a)				
14	Details of Membership in National / International Organization	14 (b)				
15	Details of Membership in Professional Organization	14 (c)				
16	Details of Honors & Awards	14 (d)				
17	Details of Clinical Experience	15 (a), (b)				
18	Details of Protocol & Resource Manual / SOP preparation	15 (c)				
19	Details of Research Articles / Papers / Periodicals / Conference Proceedings	16 (a)				
20	Publication of Books in International / National / Policy papers	16 (b)(i)				
21	Deatails of E - Content	16(b)(ii)				
22	Details of Research Projects	16 (c)				
23	Details of Collaboration with International / National Organisations	16 (d)				
24	Deatails of Patent / Technology Transfer / Copy right / Innovation	16 (e)				
25	Presentation of Paper Presentation in conference / seminar / symposium / workshop	16 (f)				
26	Details about Research Guideship/Dissertation students	16 (g)				
27	Details of Public Education Activity	16 (i)				
28	Details of Seminars / Conference / Workshop / Refresher course Organised	16 (h)				
29	Details of Resource Material Developed if any	16 (j)				

**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.

Place:

Date:

.....

Candidate's Signature

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

*Note: Candidates, who are in regular service / permanent post at present, should obtain an endorsement given below from his / her employer.*

Ref. No.....

Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on..... as.....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent employee in this office / Institute. He / She will be relieved if selected, without any delay. His / Her present salary structure is as below.

- Level in pay matrix:..... Cell: .....
- Basic Pay: ..... as on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....