

FORM: B-2



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: ENT & 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

Govt. Private others

Govt. Private others

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

SC ST OBC

(if so, attach documentary proof in support)

UR EWS PwBD

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

Yes No

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

Case No: Year:

10. Present Employer of the candidate:

Govt. Private others

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

Yes No

(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 (MBBS)					
Master Degree M.S. (ENT)					
Any equivalent degree to MS (ENT) recognized by MCI / NMC					

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

11.(b) Details of the Institute/Unviersity studied from Degree level:

Degree obtained from which College / University:

Masters Degree obtained from which College/University:

whether the above said Institutes have the approval of MCI or Not? Yes No

Date of declaration of M.S (ENT)/Equivalent degree.:

11. (c) 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

11. (d) MCI/NMC/SMC Registration details:

MCI/NMC/SMC Registration No:

Date of Issue of Certificate:

Validity of the MCI/NMC/SMC Certificate:

Work experience (starting from the most recent):

12 (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.) Emolument (Basic + DA) [If in Private]	Nature of work & level of responsibilities
		From	To		

12 (b) **Teaching/Research Experience after M.S (ENT):: (In Y / M & Days)**

PART - II (ACADEMIC DETAILS)

13 (a) ***Teaching Experience:***

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	To
1					
2					
3					
4					
5					

13 (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					

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

(i)

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

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

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

1	
2	
3	
4	

PART - III (CLINICAL EXPERIENCE)

14 (a) **Area of Specialization:**

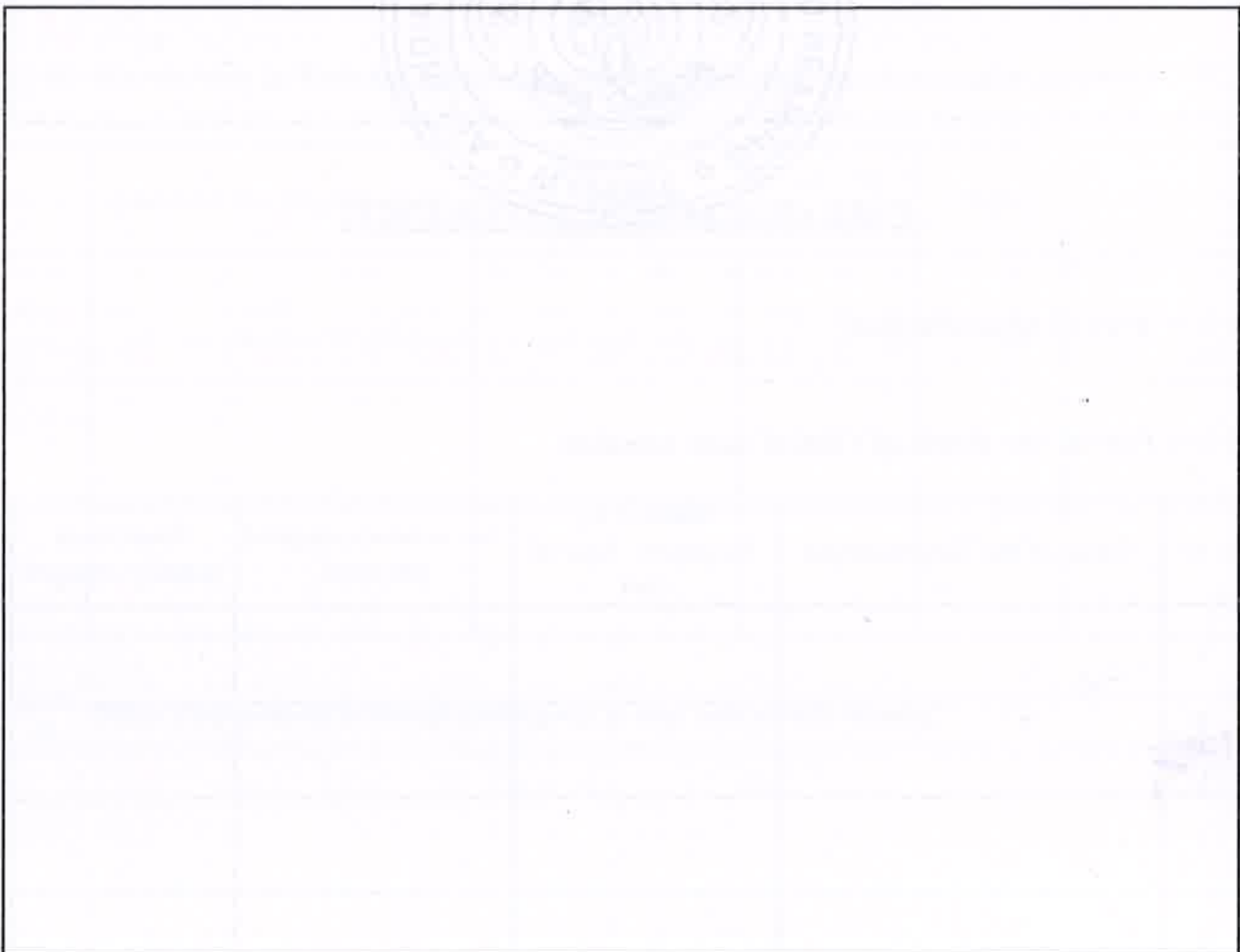
14 (b) **Provide the details of Clinical work handled:**

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				
5				

14 (c) ***Provide the details about Surgeries Performed:***

Sl. No.	Minor / Major Surgeries performed	Name of the Surgery performed	No. of surgery performed (approx)
1			
2			
3			
4			

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



PART - IV (RESEARCH & PUBLICATION)

15 (a) **Research Articles/Papers published in UGC-CARE/NMC Journals:(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							

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

(i) 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					

(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 (specify)
1			
2			
3			
4			
5			

15 (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					

15 (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, 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					

Participation of Paper Presentation in Conferences / Seminar / Symposium / Workshop
 15 (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	Participation of Paper Presentation / Conference / Seminar/ Symposium / workshop)	Category (International / National)	Place	Year
1					
2					
3					
4					
5					
6					

15 (g) **Research Guideship (Guidance to PG / Doctoral Scholars):**

Sl. No.	PG student guided / Doctoral students (Name of the student)	Year of Degree awarded	Title
1			
2			
3			

15 (h) **Public Education Awareness campaign/Camp/commemoration/Special day organized:**

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

15 (i) **Resource Materials / Audio/Video resource Developed for Public Education:**

Sl. No.	<u>Title:</u>
1	
2	
3	
4	

References :

16 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	Designation	Contact No. & Official Email
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

17 Briefly explain (within 100 words) how you are suitable for this position.

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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	Details about Univesity / Institution studied from Bachelors level	11 (b)				
10	M.S (ENT) Certificate / Declaration of result	11 (a) & (b)				
11	MCI / NMC/SMC Registration Certificate	11 (d)				
12	Post M.S (ENT) Experience Certificate	12 (b)				
13	Work Experience Certificates	12 (a)				
14	Details of academic teaching experience	13 (a)				
15	Details of Membership in National / Internatinal Organization	13 (b)				
16	Details of Membership in Professional Organization	13 (c)				
17	Details of Honors & Awards	13 (d)				
18	Details of Clinical Experience	14 (a)				
19	Details of Surgeries performed	14 (b)				
20	Details of Protocol & Resource Manual / SOP preparation	14 (c)				
21	Details of Research Articles/Papers published in UGC-CARE/NMC approved journals	15 (a)				
22	Publication of Books in International /National/ Policy papers	15 (b)(i)				
23	Deatails of E - Content	15(b)(ii)				
24	Details of Research Projects	15 (c)				
25	Details of collaboration with International / National Organization	15 (d)				
26	Deatails of Patent/Technology Transfer/Copy right/Innovation	15 (e)				
27	Details of Paper Presentation in conference / seminar / symposium / workshop	15 (f)				
28	Details about Research Guidship to PG/Doc. Scholars	15 (g)				
29	Details of Public Education Activity	15 (h)				
30	Details of Resource Material Developed if any	15 (i)				

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: