

**FORM: C-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 ASSISTANT 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).: .....

**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.)	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]

12 (b) Total Yrs. of Teaching / Research Experience : ..... (In Years, Months & Days)

**PART - II (ACADEMIC DETAILS)**

13 (a) **Teaching Experience:**

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

13 (b) **Membership in National / International / Professional Organizations:**

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) **Honors & Awards:**

1
2
3
4

**PART - III (CLINICAL EXPERIENCE)**

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

14 (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				
5				

14 (c) **Protocol and Resource Manual prepared:(if any provide the complete details)**

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**PART - IV (RESEARCH ACTIVITIES)**

15 (a) **Research Articles/Papers published in UGC-CARE/NMC approved Journals:**  
(Attach separate sheet, if space is found insufficient)

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						

**Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop**

15 (b) **participated:** (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					
4					



15 (c) **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 of the Official	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.**

18 **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	MBBS Degree Certificate	11 (a)				
7	Master's Degree (all semester mark sheets)	11 (a)				
8	M.S (ENT) Degree Certificate	11 (a)				
9	Details about University / 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	Details of Teaching / Research Experience Certificate	12 (b)				
13	Work Experience Certificates	12 (a)				
14	Details of academic teaching experience	13 (a)				
15	Membership in National / International / Professional Organization	13 (b)				
16	Details of Honors & Awards	13 (c)				
17	Details of Clinical Experience	14 (a), (b)				
18	Details of Protocol & Resource Manual / SOP preparation	14 (c)				
19	Details of Research Articles/Papers published in UGC-CARE/NMC approved journals	15 (a)				
20	Details of Paper Presentation in conference / seminar / symposium / workshop	15 (b)				
21	Details of Resource Material Developed if any	15 (c)				



**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: .....