

Application form for Academic Staff

Post Applied For: _____

Department: _____

Note:

Prospective candidates are advised to study the Instructions carefully and then fill up the application in all respects. No column should be left blank. Incomplete application will be rejected. Attach additional sheets, if required. However, information given must be precise to the point.

(For Office use Only) Application No.: Date of Receipt of Application Form:	(For Office use Only) Registration No:
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Details of application fees (please attach original DD with application)

DD /Cheque/Transaction Number & Date	Amount	Name of the Bank	DD/Cheque issuing Branch's Name

1. Name of the Post Applied for: _____

Department: _____

Paste your recent colour
passport size signed photo

2. Personal Details:

Name (in capital letters)	First Name			Middle Name	Surname	
Date of Birth	Day	Month	Year	Age as on date of Advertisement	Years	Months
Father's Name						
Mother's Name						
Nationality						

Gender	Male / Female
Religion	
Community/Category	GEN / SC / ST / SEBC /EWS Other categories: _____ If other Categories give details_____
i) Marital Status	Married/ Unmarried
k) Present Postal Address with Pin Code	
E-mail:	
Mobile Phone Number:	
Telephone No with STD Code:	
AADHAR No.	

3. Educational Qualifications: (attach additional pages if required)

Name of the Course	Name of the Board / University	Month & Year Passed	% of Marks	Aggregate Marks	Subjects Studied
12 th Class/ Equivalent					
Bachelor's Degree					
Master's Degree (MD / MS /DNB)					
Super Speciality (DM / MCH/ DNB)					
Any other					

4. Experience: (use separate sheet is space in-sufficient)						
Designation	Scale of Pay	Name & Address of the Employer	Permanent/ Temporary /Contract/ Others (specify)	Period Of Experience		Nature of work
				From	To	

5. Total Period of Experience (Please ensure that the period of Teaching & Research experiences claimed do not overlap)		
	No. of Years	No. of Months
Teaching		
Research		
Clinical		

6. Publications, if any, in last five years (Mention here only numbers. The details of copies of reprint be enclosed)				
Publications	Published (No.)	ISBN/ISSN No.	Accepted/ In Print /No)	Communicated (other than published/ Accepted)
Books Research Paper				
Books (edited)/ Chapter in Book				
Articles				

7. Seminars/Conferences etc.		In India (No's)	In Abroad (No's)
Seminars/Conferences/workshops/Symposiums/Training/Programmes etc. Participated as per Paper Contributor/Presenter			
Seminars/Conferences/workshops/Symposiums/Training/Programmes etc. Attended Only			
8. Membership in Professional Body			
Name of the Organization	Annual Member ship	Life Membership	Membership No.
9. Language Known: (please write yes or no whichever is applicable)			
Name of Language	Read	Write	Speak
Gujarati			
Hindi			
English			
Other			
10. References (at least two)			
Name:			
Designation:			
Postal Address:			
e-mail id:			
Mobile No.:			
Name:			
Designation:			
Postal Address:			
e-mail id:			
Mobile No.:			

11 Time required to join, if offer of appointment will be issued? _____

12 Have you ever been arrested/prosecuted/kept in detention/convicted by a court of Law or whether any case is pending against you in a Court of Law? Yes ____ No ____ If the answer to the above question is “Yes” give details _____

13 Have you ever been debarred from any examination/rusticated by any University or any other educational institution or whether any case is pending against you in any University or any other educational institution? Yes _____ No _____. If the answer to the above question is “Yes” give details _____

14 Has any disciplinary action been taken against you by any University/ Institute where you have served? Yes _____ No _____

“If Yes” give details _____.

Declaration

I.....Son/Daughter of.....
hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection committee and during my entire career, my candidate/appointment may be cancelled by the Institute.

Date:

Signature of the Applicant

Place:

Name (in block letters):

(Application not signed by the candidate liable to be rejected)

Endorsement by the Employer:

(The endorsement below is to be signed & Forwarded by the Head of the Institution /Employer of the organization/ institution in the case of the in-service candidate)

Forwarded to

The Director

Smt. G R Doshi and Smt. K M Mehta Institute of Kidney Diseases and Research Center and Dr. H L Trivedi Institute of Transplantation Sciences,
Civil Hospital Campus, Asarwa, Ahmedabad 380016,
Gujarat, India

The applicant Dr /Mr /Mrs./Ms. who has submitted this application for the post of in Smt. G R Doshi and Smt. K M Mehta Institute of Kidney Diseases and Research Center and Dr. H L Trivedi Institute of Transplantation Sciences has been working in this organization namely in the post of in a the temporary/contract/permanent capacity with effect from in the scale of pay of Rs. He/ She is drawing a basic pay of Rs.

Further, it is certified that the applicant has requisite qualifications experiences as per the post advertised. No disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/her application being Considered by the IKDRC-ITS.

Signature of Forwarding Officer

Name:

Designation:

Place:

Date:

Seal

List of Documents Attached		
Sr. No	Documents	Page no
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