

Pravara Institute of Medical Sciences Deemed University

Loni Bk. 413 736, Tal. Rahata, Dist. Ahmednagar (MS)

APPLICATION FORM FOR FACULTY POSITION

To,
The Registrar,
Pravara Institute of Medical Sciences University
Loni Bk., Tal. Rahata
Dist. Ahmednagar (Maharashtra)
PIN : 413 736

Sub : Application for the post of _____ in _____ subject.

Ref : Your advertise published in _____ daily on _____.

Respected sir,

I wish to apply for the faculty position in your constituent institute. I am giving below the particulars about my educational qualification, teaching & research experience.

Thanking you,

Yours sincerely,

(_____)
(Name)

Pravara Institute of Medical Sciences
APPLICATION FOR FACULTY POSITION

1. Name of the post applied for : _____ Subject : _____

2. Name of the Constituent College/ Institution : _____

3. Candidate's name : _____
(Surname) (Name) (Father's/Husband's name)

4. Date of Birth : _____ Age : _____

5. Gender : Male / Female

6. Marital status : Married /Unmarried

7. Permanent address : _____

Phone. No. _____ E-mail ID _____

8. Address for correspondence : _____

Phone. No. _____ E-mail ID _____

9. Academic qualifications :

(a) First degree : _____

University from which passed : _____

Month & Year of passing : _____

Percentage of Marks / Grade : _____

Name of the Institution from : _____

where the degree passed

Recognised (Medical / Dental) Qualification : Yes/ No

Under MCI/DCI Act

Ref No

(b) Postgraduate degree : _____
University from which passed : _____
Month & Year of passing : _____
Class obtained : _____
Percentage of Marks / Grade : _____
Specialisation : _____
Name of the Institution from where the degree passed : _____

Recognised (Medical/ Dental) Qualification : Yes/ No

Under MCI/DCI Act

Ref No

(c) Research degree : _____
i.e. M Phil/ Ph. D.
University from which awarded : _____
Month & year of award : _____
Subject / Specialisation : _____
Title of Dissertation : _____

Name of the Guide : _____
Name of the Institution from where research was done : _____

10. Teaching Experience :

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor					
Assistant Professor					
Associate Professor					
Professor					

11. Research Experience :

Specialisation / Area of Research : _____

No. of Students guided for : PG : _____

M. Phil : _____

Ph. D : _____

Name of the College/ Institute : _____

Research Publications in International Journals : _____

National Journals : _____

Seminars/Symposium : _____

(Give detailed list of publications separately)

12. Seminars / Conferences attended : _____
With dates

13. Clinical Experience : _____

14. Present Working Place : _____

Designation : _____

Present salary : Basic pay _____ Allowances _____

Scale _____

15. Expected Salary : _____

16. Any other Information : _____

Date :

(Signature of Candidate)