

पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान

NORTH EASTERN INSTITUTE OF AYURVEDA & HOMOEOPATHY (NEIAH)

(भारत सरकार आयुष मंत्रालय के अधीन एक स्वायत्त संस्थान)

(An Autonomous Institute under the Ministry of Ayush, Government of India)

माउडियाँडियाँ, शिलांग, मेघालय- 793018

Mawdiangdiang, Shillong, Meghalaya - 793018

APPLICATION FORM

Applying For (Put <input checked="" type="checkbox"/> in the appropriate box)	Deputation	Direct
	<input type="checkbox"/>	<input type="checkbox"/>

Name of the post : _____
(with discipline)

Sl. No of the Post : _____

Advertisement No. : _____

1. Name in full : _____

(in CAPITAL letters)

2. Father's /Husband's Name: _____

3. Address: (in CAPITAL letters)

(i) Present address (for correspondence, with phone/mobile No. & E-mail)- _____

PIN Code: _____

Email Id: _____ Mobile No: _____

(ii) Permanent Home address - _____

PIN Code: _____

4. a. Date of birth: dd _____ mm _____ yr _____ (in figure)

b. Date of Birth in words: _____

c. Age (as on last date of submission of application) _____ Y _____ M _____ D _____

5. Nationality : _____

6. Gender: Male /Female

7. Whether belonging to SC/ST/OBC/EWS/PH _____

(in support, please enclose copy of certificate from authorized Issuing authority)

8. (a) Mother Tongue : _____

(b) Proficiency in language(s) (Mark below as applicable ()

(Add other languages, if any)

Language	Read	Write	Speak
English			
Hindi			

AFFIX SELF
ATTESTED RECENT
PASSPORT SIZE
PHOTOGRAPH

9. Qualification (Academic & Professional) (Please enclose a Xerox copy of each degree/certificate & mark- sheet):

Examination	Name of the Degree/Diploma	Name of the College & University and Board	Year of passing	Division obtained (mention distinction if any)	Percentage of marks/CGPA obtained (Aggregate in case of degree programme)	Subject(s) (Major)/ Specialization
10th or Equivalent						
(10+2) or equivalent						
Degree						
PG Degree						
PhD						
Any other examination(s)						

10. Details of Professional Publications and Research Work:

(Please attach details on separate sheet duly signed to include Topic / Name of Publication, Name of Journal (ISSN) / Publisher & Edition etc)

11. Employment/Experiences Record (Starting from the present position):

Office/Institute/ Organization	Post held	Pay Level	From	To	Duration (Years & Months)	Nature of Duties

Teacher Code: _____

Total Experience-

- a. As Lecturer /Assistant Professor dd_____ mm_____ yy_____
- b. As Associate Professor/Reader dd_____ mm_____ yy_____
- c. As Professor dd_____ mm_____ yy_____

12. Nature of present employment, i.e. Adhoc or Temporary or Permanent: _____

13. In case the present employment is held on Deputation/ Contract basis, please state: _____

- a. The date of initial appointment_____
- b. The period of appointment on deputation/contract_____
- c. Name of the parent office/organization to which you belong_____

14. Training/Courses attended _____

Name of Course	Institution	Duration

15. Registration No. _____ **Year** _____
Name of State/ Central Board/ Council _____

16. Additional details about your present employment

Please state whether working under (mention name)-

- i. Central Government _____
- ii. State Government _____
- iii. Autonomous Organization under State/Centre Govt. _____
- iv. Centre/ State Government Undertaking _____
- v. Central/State University _____
- vi. Private Organization _____

17. Additional information, if any, which you would like to support of your suitability for the post.

(Enclose a separate sheet, if the space is insufficient in any column.)

DECLARATION

I undertake that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent any facts, my candidature will be summarily rejected or employment terminated.

Signature of the candidate

Place: _____

Date: _____

(Name in CAPITAL letters)

**TO BE ISSUED BY THE AUTHORISED SIGNATORY OF ORGANISATION WHERE
APPLICANT IS CURRENTLY EMPLOYED**

1. It is certified that no disciplinary/vigilance case is either pending or contemplated against the applicant and he/she is clear from the Vigilance angle.
2. It is certified that no major/minor penalty has been imposed on him/her during the last 10 years.
3. The record of service of the official has been carefully scrutinized and it is certified that there is no doubt about his/her integrity.
4. The certified copies of APARs/ACRs for the last 5 years are enclosed (in case of deputation only).

The application of Dr.....
is forwarded for consideration for the post
of on Deputation/ regular basis at NEIAH,
Shillong

Date

Place

Authorized Signatory.....

Designation

Name of Organization

OFFICIAL SEAL

ANNEXURE-I

TO WHOM IT MAY CONCERN

This is to certify that Dr. _____, S/o./, D/o, W/o
_____ is currently working as _____ in the
Department of _____, _____.

He had joined in this Institute as _____ in level- _____+NPA (as
per 7th CPC) on _____.

He is sincere, hard-working and maintains cordial relations with all alike.

Authorized Signatory

NO OBJECTION CERTIFICATE

This is to certify that DrS/o./, D/o, W/o
..... is currently working asin
the This Institute has no objection to him applying
for the Post ofin the Department ofon
Deputation/ regular basis at North Eastern Institute of Ayurveda and Homoeopathy, Shillong Vide Advertisement
No.....dated.....

In the event of his/her selection for the above mentioned post, he/she will be released from the
Institute as per prevailing rules and regulations.

Authorized Signatory