

UTTARAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F), A member of All Indian Universities)

Harrawala, Dehradun- 248001

Helpline No: +917217213958, Website: www.uau.ac.in e-mail: uaurecruitmentcell@gmail.com

<u>GENERAL INSTRUCTIONS FOR CANDIDATES FOR FILLING APPLICATION FORM</u> (Backlog Contractual recruitment for the Post of Associate Professor & AssistantProfessor)

- 1. Candidates must read all the instructions carefully before filling the application form.
- 2. Candidates have to download the application form the university website: www.uau.ac.in.
- 3. Take the print out of form which is to be filled by the candidate in his/ her **own handwriting** with blue / black ball pen. **No blank space should be left in the form, mention- NA** if not applicable for any column. Form must be completed with signature as well as thumb impression at the space given.
- 4. Candidate should not write in the space left for office use.
- 5. Application fee must be enclosed with the application form by a Demand Draft, in the favour of "Finance Officer, Uttarakhand Ayurved University, Dehradun" Payable at Dehradun.
- 6. Candidate have to Attach all the relevant self attested photo copies of documents as per the number of enclosures mentioned in the form by the candidate.
- 7. Eligibility and age of the candidates will be considered as per advertisement of relevant post.
- 8. Candidate must enclose the No Objection Certificate (NOC) in the given column, if working at any government institution.



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APPLICATION FORM (Contractual Faculty Recruitment)

Advertisement No	POST & Post Code	
SUBJECT		
FEE DETAILS:		
AMOUNT:	DD NoDateName of Bank & Branch	
NAME OF CANDIDATE (Capital Letter)	:	Affix passport size recent self attested
MOTHER'S NAME	:	color photograph
FATHER'S NAME	:	
DATE OF BIRTH (dd/mm/yyyy)	GENDER:	
NCISM/CCIM TEACHER CODE	: STATE / CENTRAL REG. NO	
CATEGORY (With certificate no.) (SC/ST/OBC/GEN/EWS)	: Sub-category (if Any):	
Nationality	:Domicile State:	••••••
ADDRESS (Mailing)	:	······
ADDRESS (Permanent)	:	······
MOBILE NO. & Whatsapp no.	:	
Email ID:	:	
AADHAR NO.	:	•••••

ACADEMIC DETAILS:

QUALIFICATION	BOARD / UNIVERSITY	PASSING YEAR	PERCENTAGE	SUBJECT
High school (10 th)				
Intermediate (10+2)				
BAMS				
MD/MS (Ay)				
Ph.D.				
Others				

TOTAL EXPERIENCE:

			URATION		SUBJECT
SL.NO	DESIGNATION	Year	Month	Day	
1	Assistant Professor/Lecturer				
2	Associate Professor/Reader				
3	Professor				
4	4 Other				
TOTAL					

EXPERIENCE DETAILS: (Separate sheet can be attached for details)

Sl. No.	COLLEGE/INSTITUTION	POST HELD	FROM	ТО	PAY SCALE
1					
2					
3					
4					
5					
6					
7					

PUBLISHED RESEARCH PAPERS / BOOKS/CHAPTER in BOOK: (Only with ISSN/ISBN no) (Separate sheet can be attached for details)

SL. No.	Name of Journal /Book	Chapter/ ISSN/ISBN No.	Author/co- author	Impact factor

ОТН	OTHER ACHIEVEMENTS -Projects/Awards (Separate sheet can be attached for details)							
Sl. No.	PARTICULAR		DETAILS					
1100								
CUR	<u>CURRENT POSITION</u> :							
N	Name of Post:	Departi	ment:					
I	Institution:							
DECLARATION BY THE CANDIDATE: I hereby declare that above information given by me is correct to the best of my knowledge. if any								
information found incorrect, My candidature shall stand cancelled and university can take further action also.								
	SIGNATURE OF CANDIDATE I FET THUMR IMPRESSION							

SIGNATURE OF CANDIDATE

LEFT THUMB IMPRESSION

$\underline{\text{NO OBJECTION CERTIFICATE FROM PRESENT EMPLOYER}/\text{HEAD OF INSTITUTION}}$

This is to certify that Dr		s/o, d/o,			
w/o	is working in our instit	ution on post of			
in the department of	since	Institute			
has no objection in appearance before interview/examination	for the post he/she is app	lying.			
Signature of Head of Institution/Employer with Sea					
Remarks (For Office	Use Only)				

Proforma-1 (To be filled in duplicate) (Copy-1)



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	FOR OFFICIAL USE					
	FOR	OFFICIAL USE				
	Application No	Da	te			
NAME	OF CANDIDATE:					
DATE	OF BIRTH:(dd/mm/yyyy)	CATEGORYSub category	ory if any			
POST	APPLIED FOR	SUBJECT				
LIST	OF ENCLOSURES: (Please attach	the enclosures in the following ord	er)			
S.No.	ENCLOSURES	DETAIL OF THE ATTACHMENT/ CERTIFICATE NUMBER	Number of pages			
1	High School Mark sheet					
2	High school Certificate					
3	Intermediate Mark sheet					
4	Intermediate Certificate					
5	BAMS mark sheets					
6	Internship Certificate					
7	BAMS degree Certificate					
8	State/ central Reg. certificate					
9	MD/MS (Ay) Certificate					
10	Ph.D. Degree Certificate					
11	Experience Certificates					
12	Research Papers					
13	Demand Draft for Fee					
14	Reservation category certificate					
15	Domicile certificate of Uttarakhand					
	State					
16	Any Other relevant Documents					
SIGNATURE OF CANDIDATE						
REMARKS (For Official Use Only)						

Proforma-01 (<u>To be filled in duplicate)</u> (Copy-2)



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	FOI	R OFFICIAL USE			
Applic	ation No	Date			
NAME	OF CANDIDATE:				
DATE	OF BIRTH:(dd/mm/yyyy)	CATEGORY Sub cate	gory if any		
POST	APPLIED FOR	SUBJECT			
LIST	OF ENCLOSURES: (Please attac	ch the enclosures in the following ord	der)		
S.No.	ENCLOSURES	DETAIL OF THE ATTACHMENT/ CERTIFICATE NUMBER	Number of pages		
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2	High school Certificate				
3	Intermediate Marksheet				
4	Intermediate Certificate				
5	BAMS Marksheet				
6	Internship Certificate				
7	BAMS degree Certificate				
8	State/ central Reg. certificate				
9	MD/MS (Ay) Certificate				
10	Ph.D. Degree Certificate				
11	Experience Certificates				
12	Research Papers				
13	Demand Draft for Fee				
14	Reservation category certificate				
15	Domicile certificate of				
	Uttarakhand State				
16	Any Other relevant Documents				
		SIGNATURE	OF CANDIDATE		
REMARKS (For Official Use Only)					



<u>PROFORMA – 2</u> (Copy -1)

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		EOD O					
Application	No						
	Date						
Name Of candidate :							
Date Of Birth : (dd/mm					Affix self		
•					attested		
Post applied For					photograph		
Subject / Specialty							
Category		S	ub category if any				
		MER	RIT INDEX				
Qualification	Subjec	ets M	arks Obtained/	Percentag	ge Remark		
		Maximum marks		(Official Use)			
High School (10)							
Intermediate (10+2)							
BAMS/B.Sc.							
MD/MS (Ay)/M.Sc.							
Ph.D.							
		Total	Experience	<u> </u>			
Years	Mon	ths	Days	Rem	arks(Official Use)		
	Resea	rch Pap	ers and public	ations			
Total No. of Research			al no. Books/		rks (Official use)		
Total No. of Research papers			Chapters	- Availu	(Olivius use)		
-							



PROFORMA – 3 UTTARAKHAND AYURVED UNIVERSITY

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FOR OFFICIAL USE Application No	
Date	
ATTENDANCE SHEET	
Name Of candidate: Date Of Birth: (dd/mm/yyyy). Post applied For. Subject / Specialty. Category. Sub category if any.	Affix self attested passport size photograph
Signature Of candidate At the time of Interview / Examination Left Thumb Impres At the time of Interview of Interview At the time of Interview At the Interview	

Registrar