

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

GENERAL INSTRUCTIONS FOR CANDIDATES FOR FILLING APPLICATION FORM

- 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. Application form must be sent through registered post / speed post to "REGISTRAR, UTTARAKHAND AYURVED UNIVERSITY, HARRAWALA, DEHRADUN- 248001". only. Application must reach the office on or before 2nd August, 2021 (5:00 PM). The applications received after the given date and time, will not be entertained.
- 8. Candidate has to mention his/her complete address, Subject applied for, phone number and email address on the envelope.
- 9. Also enclose three self addressed envelopes with postal stamps for the registered post.
- 10. Eligibility and age of the candidates will be considered as per advertisement of relevant post.
- 11. Candidate must enclose the No Objection Certificate (NOC) in the given column, if working at any government institution.



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APPLICATION FORM

Advertisement No					
FEE DETAILS:					
AMOUNT:	. DD NoD)ate	Name of Ban	k & Branch	
NAME OF CANDIDATE (Capital Letter)	:	•••••			Affix passport size
MOTHER'S NAME	:				color photograph
FATHER'S NAME	:	•••••		•••••	
DATE OF BIRTH (dd/mm/yyyy)	:		GENDER:		
CCIM TEACHER CODE	:		STATE / CENTRAL	REG. NO	•••••
CATEGORY (SC/ST/OBC/GEN/EWS)	:	Sub-c	category (if Any):		
Nationality	:	Dor	nicile State:	•••••	•••••
ADDRESS	:				
MOBILE NO	:				
Email ID	·····	•••••	•••••	•••••	•••••
AADHAR NO.	:				
ACADEMIC DET	AILS:				
QUALIFICATION	BOARD / UNIVERSITY	PASSING YEAR	PERCENTAGE	SUBJECT	
High school (10 th)					
Intermediate (10+2)					
BAMS					
MD/MS (Ay)					
Ph.D.					
Others					

TOTAL EXPERIENCE:

		DURATION		SUBJECT	
SL.NO	DESIGNATION	Year	Month	Day	
1	Assistant Professor/Lecturer				
2	Associate Professor/Reader				
3	Professor				
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

${\bf OTHER\ ACHIEVEMENTS\ -Projects/Awards\ (Separate\ sheet\ can\ be\ attached\ for\ details)}$

Sl. No.	PARTICULAR	DETAILS			
110					
<u>CUF</u>	RRENT POSITION:				
1	Name of Post:	Department:			
		Date of Appointment			
		11			
	DECLARA	TION BY THE CAMPIDATE.			
		ATION BY THE CANDIDATE:			
	rmation found incorrect, My candidate	given by me is correct to the best of my knowledge. if any ture shall stand cancelled and university can take further action			
		7			
	SIGNATURE OF CANDIDATE	LEFT THUMB IMPRESSION			
NO !	OBJECTION CERTIFICATE FRO	OM PRESENT EMPLOYER / HEAD OF INSTITUTION			
	This is to certify that Dr	s/o, d/o,			
w/o.		is working in our institution on post of			
	in the departmen	nt of			
has no objection in appearance before interview/examination for the post he/she is applying.					
Signature of Head of Institution/Employer with Sea					
Remarks (For Office Use Only)					
1					

(<u>To be filled in duplicate)</u> (Copy-1)



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FOR OFFICIAL USE					
	Application No	D	ate		
NAME OF CANDIDATE:					
DATE (OF BIRTH:(dd/mm/yyyy)	CATEGORYSub cate	gory if any		
POST A	APPLIED FOR	SUBJECT			
LIST (OF ENCLOSURES: (Please attach	the enclosures in the following or	rder)		
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					
15					
16	Any Other relevant Documents				
			RE OF CANDIDATE		
REMARKS (For Official Use Only)					

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



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	FOR OFFICIAL USE				
Applic	ation No	Date			
NAME	OF CANDIDATE:				
DATE	OF BIRTH:(dd/mm/yyyy)	CATEGORYSub categor	ry if any		
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POST	APPLIED FOR	SUBJECT			
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1	III ale Cale al Maulzahaat	CERTIFICATE NUMBER			
1	High School Marksheet				
3	High school Certificate Intermediate Marksheet				
4					
	Intermediate Certificate BAMS Marksheet				
5	15 15 15 15 15 15 15 15 15 15 15 15 15 1				
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					
15					
16	Any Other relevant Documents				
		SIGNATURE	OF CANDIDATE		
SIGNATURE OF CANDIDATE					
REMARKS (For Official Use Only)					
KENTAKIS (FOI Official Osc Offiy)					