

**APPLICATION FOR THE POSITION OF ASSISTANT PROFESSOR (MEDICAL DEVICES)**

**GENERAL INFORMATION**

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| **NAME** |  |
| **GENDER** |  |
| **DATE OF BIRTH** |  |
| **CONTACT NO.** |  |
| **CONTACT MAIL ID** |  |
| **NOMINATION (SELF / BY EXPERT)** |  |

**EDUCATIONAL QUALIFICATIONS**

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| --- | --- | --- | --- | --- | --- |
| **Degree** | **School/College/Institute** | **Board/University** | **Subject** | **%/CGPA/CPI** | **PASSING YEAR** |
| **Bachelor Degree or equivalent** |  |  |  |  |  |
| **Post Graduation or equivalent** |  |  |  |  |  |
| **Ph.D DETAILS** |
| **Thesis Title** | **Supervisor Name** | **Institute** | **Registration Date** | **Submission Date** | **Award Date** |
|  |  |  |  |  |  |

**DETAILS OF EXPERIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ORGANIZATION /INSTITUTE** | **POSITION HELD** | **TYPE OF WORK** | **START DATE** | **END DATE** | **ANNUAL CTC/PRESENT PAY** |
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**RESEARCH & DEVELOPMENT**

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| --- | --- | --- | --- |
| **Total No. of PG Projects Guided** |  | **Total No. of Patents** |  |
| **Number of PhD Thesis Guided** |
| **Supervisor** | **Co-Supervisor** |
| **Completed** | **Submitted** | **On-going** | **Completed** | **Submitted** | **On-going** |
|  |  |  |  |  |  |
| **Number of Projects** |
| **PI** | **Co-PI** |
| **Completed** | **On-going** | **Consultancy** | **Completed** | **On-going** | **Consultancy** |
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| **Publication** |
| **Name of the journal** | **Title of the research paper** | **Latest Impact Factor** | **Volume** | **Year of Publication** | **Author** |
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| --- | --- | --- |
| **In Journals(Referred)** | **Book Published/Book Chapter** | **Technical Reports** |
| **National** | **International** |  |  |
|  |  |
| **In Conferences** |
| **Referred** | **Un-Referred** |
|  |  |
| **National** | **International** | **National** | **International** |  |  |
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| **Awards & Achievements** |
| **Total No. of Awards** |  | **Remarks** |  |
| **Total No. of Achievements** |  | **Remarks** |  |

**REFEREE/REFERENCES (Two)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **OCCUPATION** | **MAIL – ID** | **CONTACT No.** |
|  |  |  |  |
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 **DECLARATION**

 I hereby declare that I have read and understood the instructions and particulars supplied to me and

 that all the entries in this form are true to the best of my knowledge and belief. If selected for

 interview, I promise to abide by the rules and regulations of the Institute. I also understand that

 I shall have to produce originals and self attested copies of all supporting documents at the time of

 interview.

**Date : Signature**

 **Name :**