Annexure-IV

FACULTY APPLICATION FORM **Application No.** _____

(For office use only)

Name of the College/ Institute: **Shri Dhanwantry Ayurvedic College and Hospital, Sector 46 –B, Chandigarh**

Recent Passport Size Photograph

1. Advertisement No. _____
2. Post Applied For _____
3. Subject : _____
4. Name: (Mr. /Miss / Mrs.): Dr. _____
5. Father's Name :_____
6. Date of Birth (as per Matriculation Certificate , in DD/MM/ YYYY format):_____
7. Age (as on the last date of Advertisement) _____Years_____Months, _____Days.
8. Married/ Unmarried:_____
9. Present Home Address:_____

   _____Pin_____
10. Category : General/Reserved; if reserved- SC(OSC/ DSC)BC(BC-A / BC-B)/PwBD etc. (Please Tick)
11. Aadhar Card No : _____
12. Mobile No: _____ WhatsApp No : _____
13. Email ID (In Capital letters): _____@_____ (Preferably as per OTMS) profile.
14. **Registration Details with State Board (Copy Attached)**

Type of Registration	Name of the State Board/ Council	State Board Registration No.	Valid Up- to
Permanent			
Temporary (if Any)			

15. **Academic Qualifications**

Name of Examination	University/ Board	Subject Taken	Year Of passing	Roll No.	Marks & Div. Obtained	Percentage of marks
10^{th}						
10+2						
BAMS/ BHMS						
PG(MD/ MS)						

Ph. D.						
Any other distinction in the academic field						
Research papers Publications/ etc. of book any patent.						

16. **Teacher's Code Allotted: Yes/ No, if Allotted mention the same :**_____

Or

National Teachers Eligibility Test (NTET) If Applicable; Cleared/ Not Cleared (Attach Copy)
Year of Passing: _____

17. **Details of Teaching Experiences (if Any) in NCISM / NCH Recognized Colleges as per OTMS profile (Attach Separate Sheet)**

Name of College	Period		BAMS Course	PG Course (_____)	Other courses, if any	Name of University to which College is affiliated
	From	TO				

DECLARATION

I declare that all the facts mentioned above are true and correct to the best of my knowledge, if found any discrepancy at any stage, my candidature shall be treated as cancelled.

Date: _____

Place: _____ Signature of the Applicant