KJ INSTITUTE OF AYURVEDA AND RESEARCH-SAVLI JOB APPLICATION FORM

ADVERT I	DATE:		POST :		SUBJEC	T:		
NAME OF	CANDI	DATE :					(In Capitals)	
MOT	HER'S	NAME :						
FAT	HER'S	NAME :						
DATE OF BIRTH:				GENDER :				
CCIM TEACHER CODE :				STATE REGN. NO.:				
NATIONAL REG NO:				CENTRAL REG. NO:				
CATEGORY:				SUB-CATEGORY:				
NATI	ONALI	TY:		D	OMICILE	2:		
	ADDRI	ESS:						
MOBILE NO. : E-M			-MAIL ID :		_ AADHAR N	O.:		
			ACADE	MIC DETA	<u>ILS</u>			
Qualification Board / Univer		rsity	Passing Year		Percentage	Subject		
10 th Standard								
12 th Stan	ndard							
B.A.M	I.S							
M.D. A	Ayu							
			TOTAL	EXPERIEN	NCE			
		Duration			Subject			
Sr. No.		Designation	Years	Months	Days	30	појест	

Total

EXPERIENCE DETAILS

	<u>E</u> 2				
Sr.	College / Institution	Pos	st Fron	n To	Payscale
	PUBLISHED RESEARC	H PAPERS /	BOOKS / CHA	APTER IN BOOKS	<u>3</u>
Sr.	PUBLISHED RESEARC Name of Journal	H PAPERS /	BOOKS / CHA	APTER IN BOOKS Author/Co- author	Impact Factor
Sr.		H PAPERS /		Author/Co-	
Sr.		H PAPERS /		Author/Co-	
Sr.		H PAPERS /		Author/Co-	
Sr.	Name of Journal		ISSN No.	Author/Co- author	
	Name of Journal OTHER ACHE		ISSN No.	Author/Co- author	
Sr.	Name of Journal		ISSN No.	Author/Co- author	
	Name of Journal OTHER ACHE		ISSN No.	Author/Co- author	
	Name of Journal OTHER ACHE		ISSN No.	Author/Co- author	
	Name of Journal OTHER ACHE		ISSN No.	Author/Co- author	
	Name of Journal OTHER ACHE		ISSN No.	Author/Co- author	

CURRENT SERVING POSITION

Name	e of Post :	Department:	Department :		
Institu	ution:	Date of Appoi	ntment :		
	DECI	CARATION BY CANDIDATE			
attest	ed documents as a proof of my date	en by me is correct to the best of my k of birth, demographics, qualification, e shall stand cancelled and college / conce e if I am selected for the post.	xperience, registrations. If any		
Signa	ature of Candidate		Left Thumb Impression		
	NO OBJECTION FROM P	PRESENT EMPLOYER / HEAD OF	<u>INSTITUTION</u>		
This	is to certify that Dr.	s/o	is		
work	ing in our institution on post of	since			
Instit	ute has no objection in appearance befor	e interview/examination for the post he/sl	ne is applying.		
Seal of Institute		Signat	Signature of Head		
		CHECKLIST			
Sr.	Γ	Document	Attached (Tick if Yes)		
1	Copy of Aadhar Card				
2	Copy of 10 th Passing Certificate (Compulsory for Birth Date)				
3	Copy of 12 th Passing Certificate				
4	Copy of BAMS Degree				
5	Copy of M.D. (Ayu) Degree / Passing				
6	Copy of State Registration				
7	Copy of Additional Degrees Concerned	d with the Domain (Ayurveda)			

NOTE: Please do not attach any Proofs other than those asked for