Application Form (for Academic Arrangement)

(Institute of Nursing South Campus)

Paste Self
Attested
Photograph

For the Appointment of		(Principal/Assistant Professor/Tutor)
Depart	tment: Institute of Nursing, Sou	ch campus
Advert	isement Notice No:	, Dated:
1.	Name of the candidate (In Block	Letters): Dr/Mr./Ms/Mrs.
2.	Parentage:	
3.	Postal Address:	
	Ph. No,:; En	mail Address:
4.	Date of Birth:	
5.	Academic Record(Attach the sur	porting documents):

S. No	Examination Passed	Div. and %age	University/Board	Subject
10th				
10+2				
Bachelor's Degree				
PG				
Any Other				

6	Resear	ch	Dag	ord	۱٠
n	Kesear	cn.	кес	corc	ı.

	Degree	Year of Enrolment	Date of Award	Institution	
7.	Field of Specialization:				

8.	Research Topic in Ph. D(If applicable):	
9.	Teaching Experience (in Years):	
10.	. Research Experience (in Years):	

12. Research Record(Attach the supporting publications):

11. Research Publications:

Title of the Research Paper	Authors	Are you the main/ Corresponding Author (Y/N)	Volume/No/Year /Pages/Publisher	Indexed in Scopus/Web of Science/ UGC Care/Peer Reviewed/ INC Approved (if Any)	Impact Factor (if any)

	(Please add the pages	if required):				
Any	other information which	the candidate wants to	submit:			
Dec	aration:					
I he	eby declare that the inform	mation provided/entries	s made by me in this	s application form are	e true to the best	of my
Knov	vledge. In case any of the	above statements if for	und incorrect/false a	at any stage of the sel	ection/afterward	is, Will, in
addi	tion to debarring me perm	anently or for the spec	ific period from any	employment in the U	University, also	render me
liabl	e for criminal prosecution	ı .				
	•					
Date	d:					