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

Tel No.: 0135–2685124, Website: www.uau.ac.in e-mail: uttarakhandayurved@gmail.com

GENERAL INSTRUCTIONS FOR CANDIDATES FOR FILLING APPLICATION FORM

- 1. Candidates must read all the instructions carefully before filling the application form.
- 2. Candidate must ensure himself about his/ her own eligibility criteria and experience (if applicable).
- 3. Candidates have to download the application form (1. Application Form for Teaching Faculty, Web site: www.uau.ac.in
- 4. 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.
- 5. Application Form proforma to be filled by the candidates in own hand writing. Candidate should not write in the space left for office use.
- 6. Application fee will be enclosed with the application form as Demand Draft, at the name of "Finance Officer, Uttarakhand Ayurved University, Dehradun" Payable at Dehradun.
- 7. Attach all the relevant self attested photo copies as per the number of enclosures mentioned in the form by the candidate. In case, candidate fails to enclose any of his/her documents, the application form will be rejected.
- 8. Application form must be sent through registered post / speed post only. Application must reach the office before 07th March, 2020 (5:00 PM). After the given date and time, no application will be entertained.
- 9. Over the envelope, mention and underline the Application form for which post. Address-"Registrar, Uttarakhand Ayurved University, Harrawala Dehradun - 248001". Candidate must also mention his/her complete address and phone number on the envelope.
- 10. Also enclose three stamped (one for speed Post) and complete self addressed envelopes with the form.
- 11. Eligibility and age of the candidates will be considered as per advertisement of this post.
- 12. Candidate must enclose the NOC in the given column, if working at any institution.
- 13. For number of Posts, eligibility, experience, D.D and other details, update please visit the Web site regularly www.uau.ac.in



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Advertisement NoPost Code Applied For						
Fee Details :	Fee Details :					
Amount :	DD No	Ε)ate			
Name of Bank & Bran	ıch					
Name Of Candidate :						
Mother's Name :				16.0		
Father's Name :	P	Self Attested Passport size				
Date of birth :(dd/mm,	/уууу)		P	Photograph		
Category : SC / ST / OB	C / GENSub-cat	egory if Any :				
Nationality:	Nationality: Domicile State :					
Address :						
	Mobile No					
Identity Proof (Adhar	Identity Proof (Adhar Card/PAN card/Voter Id card) No					
Academic Details :						
Qualification	Board / University	Passing Year	Division/Percentage	Subject		
High school (10)						
Intermediate (10+2)						
BAMS /B.Sc.						
MD/MS (Ay)/M.Sc.						
Ph.D.						
Others						

Total Ex	<u>(perience</u> :	1. As Assistar	nt Professor:	years	r	nonths	days
		2. As Associa	te Professor:	years	;n	nonths	days
		3. As Profess	or:	year	s r	months	days
<u>Experie</u>	nce Details: (S	Separate sheet	can be attached	for deta	ils)		
S. No.	College/Instit	tution	Post held	From		То	Pay scale
1							
2							
3							
4							
5							
6							
7							
Researc	ch papers / boo	o ks: :(Separate	sheet can be atta	ached for	details)		
		` '			,		
S. No.	Name of Jour	nal /Book	Chapter/ IS	SSN No.	Author	/co-author	Impact factor
			l				
Any Oth	ner Achieveme	nts / AwardP	lease Give Detai	ls: (Separ	rate shee	t can be atta	ched for details)
S.no.	Name		Details				
Current	Position :						
				Don	artment :		

Declaration By the candidate:

I hereby declare that above information given information found incorrect, My candidaturalso.		
Signature of candidate		Left Thumb Impression
No object Certificat	e from Present Employer/Head C	of Institution
This is to certify that Dr		S/O, D/O,
W/O	is working in οι	r institution on post of
in the department o	fsince	Institute
has no objection in appearance before inter		itution/Employer with Seal
Rem	arks (For Office Use Only)	

PROFORMA – 2 (To be filled in duplicate) (Copy-1)



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	FOR OFFICIAL USE	
Αŗ	pplication No D	ate
Name	Of candidate :	
Date C	of Birth: (dd/mm/yyyy)CategorySi	ub category if any
Post a	oplied ForSubject / Specialty	
	<u>List Of Enclosures:</u>	
S.No.	Enclosures	
1	High School Marksheet	
2	High school Certificate	
3	Intermediate Marksheet	
4	Intermediate Certificate	
5	BAMS marksheets	
6	Internship Certificate	
7	BAMS degree Certificate	
8	MD/MS (Ay) Certificate	
9	Ph.D. Degree Certificate	
10	Experience Certificates	
11	Research Papers	
12	Any Other relevant Documents	
13		
14		
15	Demand Draft for Fee	
		Signature of candidate
-		
	REMARKS (For Official Use Only)	

Registrar

(Copy-2)



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	FO	R OFFICIAL USE		
Application No			Date	
Name (Of candidate :			
Date Of	f Birth : (dd/mm/yyyy)	Category	Sub category if any	
Post ap	pplied For	Subject / Specialty		
	<u>List</u>	Of Enclosures:		
S.No.	Enclosures			
1	High School Marksheet			
2	High school Certificate			
3	Intermediate Marksheet			
4	Intermediate Certificate			
5	BAMS marksheets			
6	Internship Certificate			
7	BAMS degree Certificate			
8	MD/MS (Ay) Certificate			
9	Ph.D. Degree Certificate			
10	Experience Certificates			
11	Research Papers			
12	Any Other relevant Documents			
13				
14				
15	Demand Draft for Fee			
			Signature of candidate	
	REMAR	KS (For Official Use Or	nly)	