

Advertisement No: 02/2024 dt.06.02.2024

Closing date: 16.02.2024



Application fee payment details:

Transaction ID/UTR

Date of payment:

Amount Paid:

Photo

ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE - 570 006

(An Autonomous Body under Ministry of Health & Family Welfare, Govt of India)

APPLICATION FOR THE POST OF Post Code.....

1. Name of the Candidate (BLOCK LETTERS)

Mr / Mrs / Ms / Dr.

2. Gender:

Male

Female

Transgender

3. (a) Address for Communication

(b) Email ID

(c) Mobile Number

(d) Aadhar No.

(e) Permanent Address

4. (a) Date of Birth

(b) Age as on last date of Application

(c) Place of Birth

5. Are you:

(a) a citizen of India by birth and / or by domicile?

(b) If not, indicate the Nationality

6. Name the state to which you belong

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

8. State whether you are a member of Scheduled

Caste / Scheduled Tribe / OBC / EWS / UR / PwBD

(if so, please produce an attested copy in support)

9. (a) Academic Qualification:

(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application).

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Class
SSLC / X					
HSC / XII					
Diploma / Certificate					
Bachelor Degree					
Master Degree					
Ph.D					

9. (b) Other Qualifications:

(Note: Sufficient information to be provided in respect of other qualifications, other than 9 (a) above, wherever applicable, as per the Recruitment rules for respective posts)

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Class

9. (c) RCI Registration details:

RCI Registration CRR No: Date of Issue of Certificate: Validity till:

10. Are you Involved in any court cases

yes

NO

19. Are you willing to accept the minimum initial pay offered ? If not, state what is the lowest initial pay that you would accept in the prescribed scale of pay/level in pay matrix.			
20. How early you can join this institute, if selected?			
21. Reference: Give names / address of three professionals in the field who are in a position to comment on your professional work (The institute may write to them for a confidential assessment of the candidate's capabilities)			
Name / Address		Designation	Telephone / Mobile / & Email
1.			
2.			
3.			
22. Briefly explain (within 50 words) how you are suitable for this post.			
23. List of enclosures (a) (b) (c) (d) (e) (f) (g)			

DECLARATION

I, hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any information is found false, my candidature may be disqualified without prejudice to any action that may be taken under the rules.

Place:

Date:

.....
Candidate's Signature

ENDORSEMENT BY THE EMPLOYER (where the candidate is presently employed)

Note: Candidates, who are in regular service / permanent post at present, should obtain an endorsement given below from his / her employer.

Ref. No.....

Date

Mr./ Mrs./ Ms./ Dr., joined at this Institute on.....as.....(Designation) and is at present employed as(Designation) a Permanent employee in this office. He / She will be relieved if selected, without delay. His / Her present salary structure is as below.

- Level in pay matrix:..... Cell:
- Basic Pay: as on
- DA:.....
- Others:.....

Signature of Issuing Authority:

Designation & Seal of Issuing Authority: