

# NORTH EASTERN INSTITUTE OF AYURVEDA AND HOMOEPATHY (NEIAH)

(AN AUTONOMOUS INSTITUTE UNDER THE MINISTRY OF AYUSH)  
GOVERNMENT OF INDIA  
MAWDIANGDIANG, SHILLONG, MEGHALAYA-793018

## APPLICATION FORM

<b>Applying For</b> (Put $\checkmark$ in the appropriate box)	Deputation	Direct	Through Proper Channel	Contract

**Name of the post** : \_\_\_\_\_  
(with discipline)

**Sl. No of the Post** : \_\_\_\_\_

Advertisement No. : \_\_\_\_\_

AFFIX SELF  
ATTESTED  
RECENT  
PASSPORT SIZE  
PHOTOGRAGH

**1. Name in full** : \_\_\_\_\_  
(in CAPITAL letters)

**2. Father's /Husband's Name:** \_\_\_\_\_

**3. Address: (in CAPITAL letters)**

(i) **Present address** (for correspondence, with phone/mobile No. & E-mail)-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PIN Code:** \_\_\_\_\_

**Email Id:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

(ii) **Permanent Home address -** \_\_\_\_\_

**PIN Code:** \_\_\_\_\_

**4. a. Date of birth:** dd \_\_\_\_ mm \_\_\_\_ yr \_\_\_\_\_ (in figure)

b. Date of Birth in words: \_\_\_\_\_

c. **Age** (as on last date of submission of application) \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

**5. Nationality** : \_\_\_\_\_

**6. Sex:** Male  /Female

**6. Whether belonging to SC/ST/OBC/EWS/PH** \_\_\_\_\_

(in support, please enclose a certificate from authorized Issuing authority)

**7. (a) Mother Tongue** : \_\_\_\_\_

**(b) Proficiency in language(s)** (Mark below as applicable ( $\checkmark$ ))

Language	Read	Write	Speak
English			
Hindi			

(Add other languages, if any)

**8. Qualification (Academic & Professional) (Please enclose a Xerox copy of each degree/certificate & mark- sheet):**

<b>Examination</b>	<b>Name of the Degree/Diploma</b>	<b>Name of the College &amp; University and Board</b>	<b>Year of passing</b>	<b>Division obtained (mention distinction if any)</b>	<b>Percentage of marks/CGPA obtained (Aggregate in case of degree programme)</b>	<b>Subject(s) (Major)/ Specialization</b>
<b>10<sup>th</sup> or equivalent</b>						
<b>(10+2) or equivalent</b>						
<b>Degree/ Diploma course</b>						
<b>Master Degree</b>						
<b>PhD</b>						
<b>Any other examination(s)</b>						

**09. Details of Professional Publications and Research Work:**

(Please attach details on separate sheet duly signed to include Topic / Name of Publication, Name of Journal (ISSN) / Publisher & Edition etc)

**10. Employment/Experiences Record (Starting from the present position):**

Office/Institute/ Organization	Post held	Scale of Pay & Basic Pay	From	To	Actual Duration (Years & Months)	Nature of Duties

Teacher Code \_\_\_\_\_

Total Experience-

- a) As Lecturer /Assistant Professor dd\_\_\_\_\_ mm\_\_\_\_\_yy\_\_\_\_\_
- b) As Associate Professor/Reader dd\_\_\_\_\_mm \_\_\_\_\_yy\_\_\_\_\_
- c) As Professor dd\_\_\_\_\_mm\_\_\_\_\_yy\_\_\_\_\_

**11. Nature of present employment, i.e. Adhoc or Temporary or Permanent:** \_\_\_\_\_

**12. In case the present employment is held on Deputation/ Contract basis, please state:**

\_\_\_\_\_

- a. The date of initial appointment\_\_\_\_\_
- b. The period of appointment on deputation/contract\_\_\_\_\_
- c. Name of the parent office/organization to which you belong\_\_\_\_\_

**13. Training/Courses attended**\_\_\_\_\_

Name of Course	Institution	Duration


**14. Registration No.** \_\_\_\_\_ **Year** \_\_\_\_\_  
**Name of State/ Central Board/ Council** \_\_\_\_\_

**15. Additional details about your present employment**

**Please state whether working under (mention name)-**

- i. Central Government \_\_\_\_\_
- ii. State Government \_\_\_\_\_
- iii. Autonomous Organization under State/Centre Govt. \_\_\_\_\_
- iv. Centre/ State Government Undertaking \_\_\_\_\_
- v. Central/State University \_\_\_\_\_
- vi. Private Organization \_\_\_\_\_

**16. Additional information, if any, which you would like to support of your suitability for the post.**

(Enclose a separate sheet, if the space is insufficient in any column.)

**DECLARATION**

I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent any facts, my candidature may be summarily rejected or employment terminated.

**Signature of the candidate**

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

(Name in CAPITAL letters)