

## APPLICATION FORM (ACADEMIC FACULTY)

PHOTO

PERSONAL INFORMATION												
POST APPLIED FOR												
NAME (as per AADHAR CARD)	FIRST											
	MIDDLE											
	LAST											
DATE OF BIRTH	D	D	/	M	M	/	Y	Y	Y	Y		
AADHAR CARD NO												
MOB. NO. (with Country Code)	1.	P	R	I	M	A	R	Y				
	2.	A	L	T	E	R	N	A	T	E		
EMAIL ID.	1.	PRIMARY										
	2.	ALTERNATE										
PERMANENT ADDRESS	HOUSE NO., STREET, AREA											
	CITY											
	STATE											
	COUNTRY											
	P	I	N	/	Z	I	P		C	O	D	E
COMMUNICATION ADDRESS	HOUSE NO., STREET, AREA											
	CITY											
	STATE											
	COUNTRY											
	P	I	N	/	Z	I	P		C	O	D	E

EDUCATION QUALIFICATIONS										
COURSE/DEGREE	DOMAIN		INSTITUTE/UNIVERSITY			YEAR OF COMPLETION		MARKS/%AGE/ CGPA/GRADE		
EG. Bachelor in Science	Sports Coaching									
EG. M.Sc.	Physiotherapy									
NIS Diploma	Sports Coaching									
ADDITIONAL CERTIFICATIONS (IF ANY)										
COURSE/CERTIFICATE	DOMAIN		CERTIFYING AGENCY			YEAR OF COMPLETION		MARKS/%AGE/ CGPA/GRADE		
EG. FIH LEVEL I	HOCKEY		FIH							
EG. ASCA LEVEL I	S&C		Australian Strength & Conditioning Association							
PRESENT EMPLOYER DETAILS (To be filled only if employed by or working for an entity)										
ORGANISATION										
DESIGNATION										
DATE OF JOINING	D	D	/	M	M	/	Y	Y	Y	Y
REMUNERATION	MONTHLY GROSS									
EMPLOYMENT TYPE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT									

PREVIOUS EMPLOYMENT HISTORY TEACHING & COACHING (To be filled only where employed by or working for an entity)												
ORGANISATION	DESIGNATION	TIME PERIOD						TYPE	REFERENCE			
1.		FROM						<input type="checkbox"/> FULL TIME	NAME DESIGNATION PH. NO EMAIL			
		M	M	/	Y	Y	Y			Y		
		TO						<input type="checkbox"/> ON CONTRACT				
		M	M	/	Y	Y	Y			Y		
2.		FROM						<input type="checkbox"/> FULL TIME	NAME DESIGNATION PH. NO EMAIL			
		M	M	/	Y	Y	Y			Y		
		TO						<input type="checkbox"/> ON CONTRACT				
		M	M	/	Y	Y	Y			Y		
		M	M	/	Y	Y	Y	Y		<input type="checkbox"/> CONSULTANT		
		TO										
		M	M	/	Y	Y	Y	Y				

Please attach additional sheets if there are more details to be mentioned.

AWARDS, CITATION AND RECOGNITION		
DETAILS	YEAR	AWARDING BODY/AGENCY
1.		
2.		
3.		
RESEARCH STUDIES UNDERTAKEN		
TOPIC	DETAILS AND IMPACT	NAME OF PUBLISHING JOURNAL (if applicable)
1.		
2.		
3.		

<b>STATEMENT OF PURPOSE</b> (the candidate may elaborate on why he/she is applying for this role and the nature of impact he/she intends to create in his/her capacity)

**DECLARATION BY CANDIDATE**

I hereby confirm that the details shared above are true. I agree to submit further proof of the details mentioned above, if requested by the SAI NS NIS.

*(Signature of Candidate and date)*

**FOR OFFICIAL USE ONLY**

DOCUMENTS CHECKLIST (To be uploaded alongwith application)		Attached Yes/No
LIST OF DOCUMENTS TO BE SUBMITTED BY THE CANDIDATE	PROOF OF EDUCATIONAL QUALIFICATIONS, CERTIFICATIONS, AWARDS	
	PROOF OF ALL EMPLOYMENT RELEVANT TO EXPERIENCE REQUIREMENTS	
	DIGITAL PHOTOGRAPH	

**Remarks and signatures of assessing committee:**