



GOVERNMENT OF KARNATAKA

DEPARTMENT OF AYUSH

Application form for the appointment of Consultant Teachers.

AYURVEDA and UNANI

PROFESSOR/ASSOCIATE PROFESSOR/ASSISTANT PROFESSOR

Affix Recent
Photo

SUBJECT AND POST FOR WHICH APPLIED

1.	Name of the applicant (in block letters)			
2	Date of Birth (as-per SSLC Marks card)			
3	Name of the Father/Husband			
4	correspondence Address			
5	Permanent Address			
6	Email ID and Telephone/Mobile No. (Compulsory)			
7	Aadhar Number if any			
8	i. Nationality ii. Religion iii. Caste iv. If claiming Reservation under any category as per the roster prescribed for the post, copies of valid certificate issued by the competent Authority should be enclosed.			
9	Qualification	i. U.G. ii. P.G.	Year of completion	University
10	Additional Qualification if any,			

11	Marks obtained in Each year and Percentage of marks	<u>UG</u> 1 st Year /1 st professional degree BAMS/BUMS 2 nd year /2 nd professional degree BAMS/BUMS 3 rd year/ 3 rd professional degree BAMS/BUMS 4 th year Total	Maximum marks	Marks obtained	Percentage
		<u>P.G.</u> (final year marks/ grade)			
12	Languages known, i. Read ii. Write iii. Speak				
13	Details of previous teaching experience (To be written in chronological order after PG with specific Date, Month and Year) in the prescribed format				
14	NCISM Teachers code if any. (For Fresh Post Graduates, shall have to qualifying the National Teaching Eligibility test for Indian Systems of Medicine to continue as Consultant Teachers.)				

DECLARATION

I _____ S/o/D/o _____
residing _____ state that all the
above information given are true to the best of my knowledge.

Place:

Date:

**Applicant Name and Signature
with Phone No.**

STATEMENT SHOWING TEACHING EXPERIENCE

Name of the Applicant: _____

Address : _____

Degree : 1. BAMS / BUMS

2. Year of Passing _____

Post Graduate Degree : 1. Subject _____

2. Specialization _____

3. Year of Passing _____

Sl. No.	Teaching Experience				Signature of the Head of the Department	Signature of the Principal with Seal	Signature of the University Authority with Seal
	Worked as Assistant Professor / Associate Professor / Professor	Subject	From	To	Name of the Institution		
1							
2							
3							

The information given above is true to the best of my knowledge & belief, if found wrong, candidature will be forfeited.

Signature of the Applicant