

**VAIDYA INSTITUTE OF VETERINARY RESEARCH &
EDUCATION
BHABHAR- 385320 Dist- Banaskantha**

*Advertisement No.01 of **2023***

APPLICATION FORM FOR THE POST OF

(Please ✓ which post applied)

	Principal
	Professor (Subject: _____)
	Associate Professor (Subject: _____)
	Assistant Professor (Subject: _____)

<i>Office use only:</i>		
<u>Application Sr.No.</u>		<i>Inward Date & Seal</i>

**VAIDYA INSTITUTE OF VETERINARY RESEARCH & EDUCATION
BHABHAR**

Last Date of Application: 30/11/ 2023

Application Fee: Rs. 500/-

Advertisement No.: 01 of 2023	Date:- 30/10/23
Application for the post of _____	
Name of Discipline _____	
Details of Demand Draft	
1.Name of the Bank _____	
2. Demand Draft No. _____ Date _____	
3.Amount Rs. _____	

Affix recent
passport size,
duly signed
photograph
here.

IMPORTANT: Before filling in the form please read the enclosed information and instructions carefully.

PERSONAL HISTORY

1.Name :- _____
(In capital letters- beginning with surname)

2.Present Address:

3.Permanent Address:

PIN: Phone no:	PIN: Phone no:
Mob No.	Mob No.
Email:	(Dont change email & mobile no.)

4. Date and Place of Birth: _____

5. Home State: _____ 6.Home Town: _____

7. Nearest Railway Station _____ 8.Sex: Male:_____ Female:_____

9. Marital Status: Single _____ Married _____ Widow(er) _____

10. Mother Tongue: _____

11. Whether belongs to (SC/ST/SEBC/EWS/GEN):- _____

12. Present Designation: _____

Present Pay Scale: _____

13. Father's/Husband's Name, _____

Occupation _____

Address: _____

14. Personal Marks of Identification: _____

15. Whether Ex-Serviceman: Yes ____ No ____

16. Languages Known:

Language Proficiency	Speak	Read	Write

17. Any medical disability? Please specify: (Attach Certificate)

18. (A) Nationality (B) Citizenship at Birth (C) Present Citizenship

(A) _____ (B) _____ (C) _____

19. EDUCATIONAL QUALIFICATION:

[Attach certificate in sequence giving number 19(i) to 19(vi)]

Sr. No.	Name of Examination (Pls. Specify Degree)	Year of Passing	Name of Board/ University	Final Grade	Field of Specialization		Remarks special achievements
				Class percent	Major	Minor	
i.	Bachelor Degree						
ii.	Master Degree						
iii.	Doctorate Degree						
iv.	NET						
v.	CCC / CCC+						
vi.							

20. MEDALS/AWARDS: [Attach certificate giving number 20(i) to 20 (ii)]

Sr.No.	Particulars	Name of Medal/Award	Year in which received	Name of Organization	No. of Medals/Awards
i.	Awarded on Academic Achievements				
ii.	Awarded for Scientific Contribution				

21. EXPERIENCE: (EMPLOYMENT RECORD):

Experience regarding previous and present employment:

(Attach the certificate / order, if any, giving number 21(i) to _____)

Sr. No.	Period		Post or position held	Employer's Name and Address	Salary drawn	Reason of Leaving Service
	From	To			Basic	

22. ABSTRACT OF EXPERIENCE:

Sr.No.	Particulars	Years	Months	Days
i.	Experience below Assistant Professor and its equivalent cadre			
ii.	Experience in the cadre of Assistant Professor and its equivalent			
iii.	Experience in the cadre of Associate Professor and its equivalent			
iv.	Experience in the cadre of Professor and its equivalent			
v.	Total experience of under graduate teaching only			
	Total			

23.PUBLICATION:

[Attach list of publication giving number 23(i) to 23(iv)]

Sr. No.	Particulars	Number of articles/booklets published
i.	Research papers published in International Journal	
ii.	Research papers published in National Journal	
iii.	Popular Articles and Booklets	
iv.	Books	

Note: The published articles are to be included only and not articles sent for publication.

24. SEMINAR/WORKSHOP/SUMMER INSTITUTE ATTENDED:

[Attach certificate/document attended giving number 24(i) to 24(iv)].

Sr.No.	Particulars	Number attended
i.	Seminar	
ii.	Workshop	
iii.	Summer Institute	
iv.	Symposium	

25. Recommendation by AGRESCO : _____

26. NEW PROJECTS CONDUCTED:

Particulars	Details of Project/ Research Scheme
New Project/Scientific Research Scheme conducted on the basis of personal bio-data through the institute like ICAR/IVRI/NDRI and other agency	

Note : If more space is required, please give details in attached sheet giving number-27.

27. MEMBERSHIP:

Sr.No.	Particulars	Details in Format
	Member on	
i.	Scientific / Government Board/Committee	
ii.	Panel on Editorial Board of National Level Journal	

Note: If more space is required, please give details in attached sheet giving number-27.

28. EXTRA ACTIVITY:

Sr.No.	Particulars	Place where you have worked	No. of years
i.	Rector /Assistant Rector		
ii.	Chairman/Ex-Officio		
iii.	NCC/NSS Officer		
iv.	Farm Manager/Drawing Disbursing Officer		
v.	Other		

29. (A) Whether ready to accept minimum scale applied for ?

Yes _____ No _____

(B) If no, please give reasons for higher demand

30. COUNTRIES VISITED:

Name of Country	Period of Visit		Purpose of Visit (give complete detail)
	From	To	

31. . REFERENCES: List three persons not related to you who are familiar with our character and qualifications. Please do not repeat name of your Employer.

Full Name	Designation/Occupation of position	Full Address with Telephone No. if known

33. Whether debarred from appearing any examination by any Board/Institution ? Yes _____ No _____
If yes, please give details on separate sheet.

34. Whether you have been punished/ dismissed or convicted by any Institution / Govt. / Court. ? Yes _____ No _____
If yes, please give details on separate sheet

35. Mention the time required for joining duties, if you are appointed on the post Months _____ Days _____

36.

Extra curricular activities/interests	Position and office held

37. Any other information with regard to special qualification and experience etc. not covered under heads, mentioned above in support of your candidature (if the space is insufficient please use separate sheet of paper and attach it to this form, inserting here a reference to the sheet attached giving number 37(1).

38. Veterinary Council Registration no.

DECLARATION

I, hereby declare that the information furnished above is true and correct to the best of my knowledge and belief and also that I have not concealed any fact or withheld any information regarding my past service and record. If any information is found to be false or incorrect or any thing is found to have been concealed, I will be disqualified for selection or if appointed, will be liable to termination without any notice or compensation.

Place : _____

Date : _____

(Signature of Applicant)

DETAILS OF ENCLOSURES

1	2	3
4	5	6
7	8	9
10	11	12

FOR USE OF APPLICANTS IN EMPLOYMENT

(Certificate to be given by the Head of Department of Office or Employer)

Certified that Dr./Shri/Smt./Kum.....
is working as in
this Department / Office / Institute / Organization. I have no objection to his /
her application being considered for this post. He / She will be relieved as per
rules, if he / she is selected for the said post.

No.

Signature.....

Date : / /

Designation.....

Office Stamp.....