

ಅಖಿಲ ಭಾರತ ವಾಕ್ ಶ್ರವಣ ಸಂಸ್ಥೆ-೫<mark>೭</mark>೦೦೦೬ **अखिलभारतीय वाक श्रवणसंस्थान :मैसूरु – 570 006**

ALL INDIA INSTITUTE OF SPEECH & HEARING: MYSORE - 570 006

An Autonomous body under the Ministry of Health and Family Welfare, Govt. of India, Manasagangothri, Mysore – 570 006
Phone: 0821-2502000/ 2502100, www.aiishmysore.in

ADVERTISEMENT FOR TEACHING POSITIONS

विज्ञाप-निसंख्या/ ADVERTISEMENT No. 06/2024

The All India Institute of Speech and Hearing, Mysore popularly known as AIISH, Mysore is a pioneer National organization advancing the causes of human resource development, research, clinical care and public education on communication disorders. The Institute was established in the year 1966 as an autonomous Institute fully funded by the Ministry of

Health and Family Welfare, Government of India.

AllSH, Mysore is a unique Institute in the Asian sub-continent which houses eleven departments having state-of-the-art facilities to offer inter-disciplinary research and training to the students, Ladies hostel, Administrative, Academic, Clinical buildings and the Knowledge park along with a well equipped Library and Information Centre.

Further, the Institute invites application from the dedicated and committed Indian Nationals to fill the following posts at this Institute on **Direct Recruitment basis** as detailed below:

Post Code	Name of the Post	Discipline	No. of posts	Category	Pay Level (7th CPC pay matrix)	Application Form
1	Professor	Audiology	01			
2	Professor	Speech / Lang. Pathology / Speech Sciences	01	OBC - 03	Level 13 [123100 – 215900]	A-1
3	Professor	ENT	01			A-2
4	Associate Professor	Speech / Lang. Pathology / Speech	02			
5	Associate Professor	Sciences Audiology	02	UR – 06,		B-1
6	Associate Professor	Electronics & Acoustics	01	OBC – 03, SC – 02	Level 12	B-4
7	Associate Professor	Special Education	01	& SC = 02	[78800 – 209200]	B-3
8	Associate Professor	Clinical Psychology	01	ST - 01		D 1
9	Associate Professor	Speech Sciences	03			B-1
10	Associate Professor	ENT	01			B-2
11_	Associate Professor	Language Pathology	01			B-1
12	Assistant Professor	ENT	01			C-2
13	Assistant Professor	Clinical Psychology	01	UR - 02,		C-1
14	Assistant Professor	Electronics	01	EWS - 01	Level 11	C-3
15	Assistant Professor	Speech Sciences	02	OBC – 02, SC – 01 &	[67700 – 208700]	
16	Assistant Professor	Language Pathology	01	ST - 01		C-1
17	Assistant Professor	Speech / Lang. Pathology	01			

दिनांक/Dated: 29.08.2024

Education Qualification and Experience:

For Post Code 1: Professor of Audiology

Sl. No.	Method of Recruitment: Direct Recruitment		
1.	Number of post	01	
2.	Upper Age limit	Up to 50 Years	
3.	Scale of Pay	Level 13 of pay matrix under VII pay commission	
4.	Essential Qualification	 a) M.Sc. with 55% and Ph.D. in the discipline mentioned above or its equivalent. b) 10 years teaching/research experience after Ph.D. c) Successfully guided doctoral students or high academic record. 	
5.	Desirable Qualification	Publication in National and International Journals.	

For Post Code 2: Professor of Speech / Language Pathology / Speech Sciences

Sl. No.	Method of Recrui	tment: Direct Recruitment
1.	Number of post	01
2.	Upper Age limit	Up to 50 Years
3.	Scale of Pay	Level 13 of pay matrix under VII pay commission
4.	Essential Qualification	 a) M.Sc. with 55% and Ph. D in the discipline mentioned above or its equivalent. b) 10 years teaching/ research experience after Ph.D. C) Successfully guided doctoral students or high academic record.
5,	Desirable Qualification	Publication in National and International Journals.

For Post Code 3: Professor of ENT

Sl. No.	Method of Recruitment: Direct Recruitment	
1.	Number of post	01
2.	Upper Age limit	Up to 50 Years
3.	Scale of Pay	Level 13 of pay matrix under VII pay commission
4.	Essential Qualification	 a) MBBS, M.S. (ENT). b) 10 years teaching/research experience after M.S. (ENT). c) Successfully guided doctoral students or high academic record.
5.	Desirable Qualification	Publication in National and International Journals.

For Post Code 4: Associate Professor in Speech/ Lang. Pathology/ Speech Sciences

SI: NO	Method of Recrui	tment: Direct Recruitment
1,	Number of post	02
2.	Upper Age limit	Up to 45 Years
3.	Scale of Pay	Level 12 of pay matrix under VII pay commission
		a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline.
4.	Essential Qualification	b) A minimum of Five years of post Ph. D. experience of teaching and/ or research in an academic/research position in a University, College or Accredited Research Institution/industry with evidence of published work and a minimum of 5 publications as books and /or research / policy papers.
34		c) Valid RCI registration in the relevant discipline.
5.	Desirable Qualification	a) Experience of guiding doctoral studentsb) Publication in National and International Journals.

For Post Code 5: Associate Professor in Audiology

Sl. No.	Method of Recruitment: Direct Recruitment		
1	Number of posts	02	
2.	Upper Age limit	Up to 45 Years	
3	Scale of Pay	Level 12 of pay matrix under VII pay commission	
4.	Essential Qualification	a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline.	
ं		b) A minimum of Five years of post Ph. D. experience of teaching and/or research in an academic/research position in a University, College or Accredited Research Institution/industry with evidence of published work and a minimum of 5 publications as books and /or research / policy papers.	
		c) Valid RCI registration in the relevant discipline.	
5.,,	Desirable Qualification	a) Experience of guiding doctoral studentsb) Publication in National and International Journals.	

For Post Code 6: <u>Associate Professor in Electronics & Acoustics</u>

Sl. No.	Method of Recruitment: Direct Recruitment	
1.	Number of posts	01
2.	Upper Age limit	Up to 45 Years
3.	Scale of Pay	Level 12 of pay matrix under VII pay commission
	Essential Qualification	a) Good academic record with a Ph.D. Degree in the concerned discipline.

4.		b) M.E / M. Tech in Electronics OR Communication OR Instrumentation OR other equivalent degree recognized by AICTE with at least 55% marks (or an equivalent grade in a point scale wherever grading system is followed)
		c) A minimum of Five years of post Ph.D. experience of teaching and / or research in an academic/research position in a University, College or Accredited Research Institution/industry with evidence of published work and a minimum of 5 publications as books and /or research / policy papers.
5.	Desirable Qualification	a) Experience of guiding doctoral studentsb) Publication in National and International Journals.

For Post Code 7: Associate Professor in Special Education

Sl. No.	Method of Recruitment: Direct Recruitment		
1.	Number of posts	01	
2.	Upper Age limit	Up to 45 Years	
3.	Scale of Pay	Level 12 of pay matrix under VII pay commission	
		a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline.	
4.	Essential Qualification	b) A minimum of Five years of post Ph. D. experience of teaching and / or research in an academic/research position in a University, College or Accredited Research Institution/ industry with evidence of published work and a minimum of 5 publications as books and / or research / policy papers.	
		c) Valid RCI registration in the relevant discipline.	
5,	Desirable Qualification	a) Experience of guiding doctoral studentsb) Publication in National and International Journals.	

For Post Code 8: <u>Associate Professor in Clinical Psychology</u>

Sl. No.	Method of Recrui	tment: Direct Recruitment
1,	Number of posts	01
2.	Upper Age limit	Up to 45 Years
3.	Scale of Pay	Level 12 of pay matrix under VII pay commission
4.	Essential Qualification	 a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline. b) A minimum of Five years of post of Ph.D. experience of teaching and / or research in an academic/research position in a University, College or Accredited Research Institution/ industry with evidence of published work
5.	~	and a minimum of 5 publications as books and / or research / policy papers. c) Valid RCI registration in the relevant discipline.
J.,	Desirable Qualification	a) Experience of guiding doctoral studentsb) Publication in National and International Journals.

For Post Code 9: Associate Professor in Speech Sciences

Sl. No.	Method of Recrui	tment: Direct Recruitment
1.	Number of posts	03
2.	Upper Age limit	Up to 45 Years
3.	Scale of Pay	Level 12 of pay matrix under VII pay commission
4.	Essential Qualification	 a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline. b) A minimum of Five years of post Ph. D. experience of teaching and / or research in an academic/research position in a University, College or Accredited Research Institution/ industry with evidence of published work
		and a minimum of 5 publications as books and / or research / policy papers.c) Valid RCI registration in the relevant discipline.
5.	Desirable Qualification	a) Experience of guiding doctoral studentsb) Publication in National and International Journals.

For Post Code 10: Associate Professor in ENT

Sl. No.	Method of Recruit	tment: Direct Recruitment
1.	Number of posts	01
2.	Upper Age limit	Up to 45 Years
3.	Scale of Pay	Level 12 of pay matrix under VII pay commission
		a) MS (ENT) or an equivalent degree recognized by the Medical Council of India / National Medical Commission.
	Essential	b) The candidate must have valid registration with the State Medical Council/ MCI/ NMC.
4.	Qualification	c) After MS (ENT), five years of regular teaching at UG/PG level and/or research in an academic/ research position in a University, College or Accredited Research Institution.
		d) Five research publications in UGC-CARE/ NMC approved journals.
5.	Desirable Qualification	 a) Experience of guiding PG / doctoral students b) Successfully completed / ongoing Extramural / Intramural research projects (s)

For Post Code 11: Associate Professor in Language Pathology

SI. NO	Method of Recruitment: Direct Recruitment		
1.	Number of posts	01	
2.	Upper Age limit	Up to 45 Years	
3.	Scale of Pay	Level 12 of pay matrix under VII pay commission	
		a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline.	
4.	Essential Qualification	b) A minimum of Five years of post Ph. D. experience of teaching and / or research in an academic/research position in a University, College or Accredited Research Institution/ industry with evidence of published work and a minimum of 5 publications as books and / or research / policy papers.	
		c) Valid RCI registration in the relevant discipline.	
5.	Desirable Qualification	a) Experience of guiding doctoral studentsb) Publication in National and International Journals.	

For Post Code 12: <u>Assistant Professor in ENT</u>

Sl. No.	Method of Recrui	f Recruitment: Direct Recruitment				
1	Number of posts	01				
2.	Upper Age limit	Up to 40 Years				
3,	Scale of Pay	Level 11 of pay matrix under VII pay commission				
4.	Essential Qualification	a) MBBS with M.S. (ENT) Master's degree OR its equivalent degree recognized by the Medical Council of India/ National Medical Commission.				
		b) The candidate must have valid registration with the State Medical Council/ MCI/ NMC.				
		c) Two years research / teaching / clinical experience.				
5.	Desirable Qualification	Publication in National and International Journals of repute.				

For Post Code 13: <u>Assistant Professor in Clinical Psychology</u>

Sl. No.	Method of Recruitment: Direct Recruitment		
1.	Number of posts	01	
2.	Upper Age limit	Up to 40 Years	
3.	Scale of Pay	Level 11 of pay matrix under VII pay commission	

4.	Essential Qualification	 a) M.A or M. Sc in Psychology with minimum of 55% marks or its equivalent degree with Clinical Psychology as a special subject. b) M. Phil in Clinical Psychology or its equivalent. c) Two years research / teaching / clinical experience.
5.	Desirable Qualification	Publication in National and International Journals of repute.

For Post Code 14: Assistant Professor in Electronics

Sl. No.	Method of Recruitment: Direct Recruitment		
1.	Number of posts 01		
2.	Upper Age limit	Up to 40 Years	
3.	Scale of Pay	Level 11 of pay matrix under VII pay commission	
4.	Essential Qualification	a) M.E or M. Tech in Electronics with minimum of 55% marks or its equivalent degree.b) Two years of research / teaching experience.	
5.:	Desirable Qualification	Publication in National and International Journals of repute.	

For Post Code 15: Assistant Professor in Speech Sciences

Sl. No.	Method of Recruitment: Direct Recruitment		
1,,	Number of posts	02	
2.	Upper Age limit	Up to 40 Years	
3.	Scale of Pay	Level 11 of pay matrix under VII pay commission	
4.	Essential Qualification	a) Master's degree with 55% marks in the discipline mentioned above OR its equivalentb) Two years research / teaching clinical experience.	
5.	Desirable Qualification	Publication in National and International Journals of repute.	

For Post Code 16: Assistant Professor in Language Pathology

Sl. No.	Method of Recruitment: Direct Recruitment	
1.	Number of posts	01
2.	Upper Age limit	Up to 40 Years

3.	Scale of Pay	Level 11 of pay matrix under VII pay commission
4.	Essential Qualification	a) Master's degree with 55% marks in the discipline mentioned above OR its equivalentb) Two years research / teaching clinical experience.
5,	Desirable Qualification	Publication in National and International Journals of repute.

For Post Code 17: Assistant Professor in Speech/Lang. Pathology

Sl. No.	Method of Recruitment: Direct Recruitment			
1,	Number of posts 01			
2.	Upper Age limit	Up to 40 Years		
3.	Scale of Pay	Level 11 of pay matrix under VII pay commission		
4.	Essential Qualification	a) Master's degree with 55% marks in the discipline mentioned above OR its equivalentb) Two years research / teaching clinical experience.		
5.	Desirable Qualification	Publication in National and International Journals of repute.		

Following are the important dates in this notification:

Date of commencement of offline application : 02.09.2024
 Last date of receipt of hard copy of duly : 45 days from the date of submitted online applications along with all self-attested copies. (compulsory) at this Institute.
 Employment Newspaper at 5.30 P.M. on that day.

GENERAL CONDITIONS / INFORMATION FOR DIRECT RECRUITMENT:

- 1 All the posts are intended to be filled on regular basis at this Institute.
- All the details furnished in the offline application will be treated as final and no changes shall be entertained after due date for submission of applications. All applicants must possess the essential qualification prescribed for the post applied for and fulfill other conditions stipulated in the advertisement.

Candidates are **advised to satisfy themselves before applying** that they possess at least minimum essential qualification even if the candidate has some other higher qualifications.

- The prescribed Essential Qualifications/Educational qualifications are a bare minimum and mere possession of it, will not entitle the candidates to be considered for the post. Rehabilitation / allied health care professionals shall hold a valid registration with RCI / CAHP.
- The qualifications prescribed should have been awarded by a recognized Universities/ Institutions.
- If a candidate is claiming a particular qualification as equivalent qualification as per the advertisement, then the candidate is required to produce order/letter/equivalency certificate in this regard issued under signature of the competent authority/University/Institutions etc. The decision of the Director, AIISH in this regard shall be final.
- In case of Boards/ Universities / Institutes awarding CGPA / SGPA / Overall Grade Point Average (OGPA) / Diploma / Degree Grade Point Average (DGPA) / Cumulative Performance Index (CPI) etc., candidates are required to convert the same into percentage based on the formula as per their Boards/ Universities / Institutes. A copy of conversion formula issued by the authority should be enclosed, failing which the application will be deemed as incomplete and would stand rejected.
- The application has to be invariably accompanied with a 'No Objection Certificate' from the employer concerned, by those who are already in employment under Central/State Government, Public Sector Undertakings or Autonomous Bodies, duly indicating the name and post applied for. This shall also be applicable to the candidates working in All India Institute of Speech and Hearing, Mysore.
- 8 <u>Employees Under Disciplinary Proceedings:</u>
 Employees against whom disciplinary Proceedings are pending or contemplated shall not be considered for appointment on Direct recruitment.
- 9 The scale of pay notified is as per the VII CPC recommendations.
- 10 The posts carry usual allowances i.e., DA, HRA, and TA etc., as admissible to employees of AIISH, Mysore.
- 11 Candidates are encouraged to apply for posts reserved for the respective category by enclosing appropriate certificates issued by competent authorities.
 - **Age Relaxation:** The upper age limit will be reckoned as on the last date prescribed for receipt of applications.
 - a) Age should not exceed the limit prescribed for each category of post as on the last date for receipt of applications.
 - b) The Upper age limit mentioned against each post is for general category posts. Wherever posts are reserved for SC/ST/OBC which are indicated against the posts and PWD candidates, relaxation in age shall be provided as per Government of India orders on the subject.
 - c) SC/ST/OBC candidates who apply against the Unreserved posts are not eligible for age relaxation in respect of such posts and they shall be treated on par with general

- candidates in the selection process. Concession in the application fee, if any, is however, applicable for those candidates.
- d) This relaxation and concession is subject to production of certificates issued by competent authority as per the Govt. of India Rules.
- e) The OBC Certificate in the Central Govt. format (For appointment to posts under the Government of India) only is acceptable and it should have been issued on or after 01.04.2024 with clear mention on non-creamy layer status. No further correspondences will be entertained in this regard. Request for age relaxation in such cases shall be summarily rejected.
- f) Candidates claiming reservation under **OBC** category are required to produce the certificate to that effect issued on or after 01.04.2024 and **OBC** candidates who belong to "Creamy Layer" are not entitled to concession admissible to OBC category.
- g) Candidates claiming reservation under Economically Weaker Sections (EWS) are required to produce the certificate to that effect issued on or after 01.04.2024, failing which the application will be deemed as in complete and would stand rejected.
- The applications received in response to the advertisement will be scrutinized and only shortlisted candidates will be called for the further selection process. Mere fulfilling the requirements laid down in the advertisement will not automatically entitle any candidate to be called for Written test / Teaching skill test / Interview.
- 13 The schedule regarding the Written test / Teaching skill test / Interview and subsequent results will be published in the AIISH website www.aiishmysore.in.
- 14 The date of Interview / Written test / Teaching skill test & syllabus for each post will be communicated to the eligible candidates via call letter to their respective communication address.
- Mode of selection: For the post of Professor: Two stage process will be followed: Teaching Skill Test: 70 % and Viva Voce / Interview: 30 %. For the post of Associate Professor & Assistant Professor: Three stage process will be followed: Written test: 80%, Teaching / Skill Test: 10 % and Viva Voce / Interview: 10 %. The details will be notified in the AIISH website and the eligible candidates will be informed of it in due course.
- If the number of applicants for a particular post is large, the Institute reserves the right to call only the requisite number of candidates for Practical Skill Test / Teaching Skill Test to a reasonable limit after screening and shortlisting in consideration of candidate's qualification, suitability, relevant experience etc.,
- A candidate can apply for multiple posts subject to fulfilling of the eligibility criteria attached to individual post.
 Candidates applying for more than one post should submit separate application with fees payment for each post.
- 18 The period of experience in a discipline/area of work, wherever prescribed, shall be reckoned from the date of acquiring the minimum prescribed educational qualification prescribed for the post and will be reckoned as on the last date prescribed for receipt of applications. This shall also applicable to the candidates working in All India Institute of Speech and Hearing, Mysore.

The period of experience will be considered only to the extent of proofs attached in support of claim. Pay slip, offer letters, joining report, relieving letter alone would not be considered as the proof of experience.

- 19 The competent authority has the right to accept or reject any application without assigning any reasons.
- The competent authority has the right not to fill all or any of the posts mentioned in the advertisement. The number of posts to be filled may also vary as per the decision of the Competent Authority.
- Canvassing in any form and/or bringing influence of any kind will be treated as a disqualification for the post.
- Wrong declarations / submissions of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage.
- The last date of receipt of application for all the post code is 45 days from the date of publication in the Employment news at 5.30 P.M on that day.
- The appointment of the selected candidates is subject to being found medically fit as per the requirements of the Institute.
- The Institute also reserves the right to empanel / waitlist candidate(s) for future vacancies.
- AIISH, Mysore will retain the candidate's applications received from non-shortlisted candidates only for a period of six months after completion of recruitment process i.e., the issuance of appointment letter to the selected candidate. Thereafter, No RTI on the subject shall be entertained.
- No Interim enquiries about the recruitment status will be entertained.
- Applications in respect of candidates involved in criminal court cases will not be entertained.
- AIISH, Mysore will not be responsible for any candidate for not being able to submit his / her application within the last date on account of postal / courier delay or any other reasons.
- Candidate's application in the following occasions shall be summarily rejected during Screening process:
 - Applications without recent photograph, signature, fees payment.
 - Applications without necessary marks cards (marks sheets for all years/ semester should be enclosed), that would cause difficulty in calculating accurate percentage.
 - Applications without copy of Degree certificates (Provisional / Convocation).

- Inappropriate proof of date of birth (Only Class X certificate or Birth certificate issued by the appropriate government authority will be accepted as proof of date of birth).
- Applications without **No Objection Certificate** (wherever applicable) in the case of in-service candidates. This shall also applicable to the candidates working in All India Institute of Speech and Hearing, Mysore, on regular basis.
- Applications containing documents without self-attestation.
- Applications without prescribed application fee (wherever applicable) and proof of payment.
- Those who apply for the post of Professor / Associate Professor & Assistant Professor (except ENT discipline) candidates should submit valid RCI certificate. Otherwise, applications will be summarily rejected.
- Those who apply for the post of Assistant Professor in Clinical Psychology, candidates should attach either valid CAHP Registration certificate or RCI certificate. Otherwise, applications will be summarily rejected.
- Those who apply for the post of Professor / Associate Professor & Assistant Professor (for ENT discipline) candidates should submit valid MCI / NMC / SMC registration certificate. Otherwise, applications will be summarily rejected.
- Application without details of payment of application fee.
- Applications without proper conversion criteria to convert into marks in the case of award of grades.

HOW TO APPLY:

- a) The application may be downloaded from our website www.aiishmysore in
- b) Separate application forms are available for each post (Professor / Associate Professor / Assistant Professor) Candidates are advised to download the proper application form to apply for.
- c) Interested candidates who meet the requirement, may send their Applications along with Self –attested copies i.e., the proof of DOB, Certificates for Educational Qualification: all semester mark cards, Master's degree certificate, Bachelor's degree certificate, Grade conversion certificate issued by the University / college in to percentage in case of award of Grades, HSC, PUC, SSLC, Category certificate (category claimed without proof shall not be considered), Experience (experience claimed without proof shall not be considered), NOC from the present employer if applicable, Valid RCI certificate, Valid CAHP Certificate, valid MCI/NMC/SMC (wherever applicable), Disability certificate, SC/ST/OBC/EWS certificate (wherever applicable) within validity, Signature & recent photograph.

Address for sending the applications:

The Chief Administrative Officer, O/o. the Chief Administrative Officer, All India Institute of Speech and Hearing, Manasagangothri, Mysore – 570 006.

Envelope should be super-scribed "Application for the post of.....", "Post Code....."

d) The last date of receipt of application is 45 days from the date of publication in the Employment news at 5.30 P.M on that day.

The applications received after the last date for any reason will not be entertained.

e) Application fee:

For General Category, OBC and EWS candidates: ₹600/For candidates belonging to SC/ST categories: ₹250/Women and PwBD candidates are **exempted** from payment of application fee.

- f) Application forms without the prescribed Application fees, Transaction No. / URT No. & date are liable to be rejected.
- g) Applications received after the last date or with insufficient information would not be considered.
- h) Please mention in the Remarks / Purpose of the transaction as:

 Application fee for the post of(OR)

Application fee for the post code.....

Candidate has to provide the following details of the payment in the application form and attach proof of payment in the application:

Transaction ID/ UTR reference no:

Date of Payment:

Method of payment of application fee:

1. BHIM QR CODE





2. Payment thro' NEFT:

1.	BENEFICIARY NAME & POSTAL ADDRESS	DIRECTOR ALL INDIA INSTITUTE OF SPEECH & HEARING, MANASAGANGOTHRI, MYSORE 570 006
2.	NAME OF THE BANK BRANCH NAME WITH COMPLETE ADDRESS	BANK OF BARODA AIISH BRANCH, NAIMISHAM CAMPUS MANASAGANGOTHRI,MYSORE KARNATAKA - 570 006

	BRANCH CODE No.	9832	
3.	IFSC CODE OF THE BRANCH	BARB0EXTMYS	
		[BARB(ZERO)EXTMYS]	*-
4.	ACCOUNT NUMBER	98320100000664	*
5.	TYPE OF BANK ACCOUNT (SB/CURRENT)	SAVINGS BANK ACCOUNT	

The candidates should mention the prescribed application fee details in the Application also (<u>Transaction ID/ UTR reference no. and date of payment</u>).

Note:

Applications should be submitted in forms as mentioned against post/s in page 01 of Advertisement, respectively.

Applications received after the last date or with insufficient information, without any semester mark cards, Masters degree certificate, Bachelors degree certificate, Grade conversion certificate issued by the University / college in to percentage in case of award of Grades, HSC, PUC, SSLC, DOB proof, Category certificate, Experience (experience claimed without proof shall not be considered), NOC, Valid RCI certificate, Valid CAHP Certificate, Valid MCI / NMC / SMC., Disability certificate, SC/ST/OBC/EWS certificate (wherever applicable) within validity, Signature, recent photograph, Gist and copy of publications etc., would not be considered. Those applications will be summarily rejected at the time of screening of the applications itself—No further correspondences will be entertained in this regard.

Advt. No. 06/2024 Date: 29.08.2024

निदेशक/Director

FORM: A-1

Advertisement No: 06/2024 dt. 29.08.2024

Closing date:

45 days from the date of publication of advt. in the Employment News paper



Application fee payment details:

Transaction ID/UTR Date of payment:

Amount Paid:

Recent passport size photo with self attested

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 PROFESSOR

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

DISCIPLINE:	•••••		& POST COI	DE:
	PART -	I (GENERAL)		
1. Name of the Candidate (BLOCK LETT Mr. / Mrs. / Ms. / Dr.	TERS)			
2. Gender:	Male	Female	Transgender	
3. (a) Address for Communication		-		
- · · · · /3				
	w	·		
	mix			
(b) Email ID				
(c) Mobile Number				
(d) Aadhar No.				
(e) Permanent Address	0.000	SMONAL		-
	\$66000			
. (a) Date of Birth	DD	MM	YYYY	
			- —	
(b) Age as on last date of Application (Attach Documentary proof for DOB)	Years	Months	Days	
(c) Place of Birth			***************************************	word the second
Are you:				
a) a citizen of India by birth /or by domicile	e?			
b) If not, indicate the Nationality with documentary p	proof			

7. (a) Father's Name	2					
(b) Father's Occu	pation	* 1	Govt.	Private	others	
(c) Mother's Nam	ne					
(d) Mother's Occ	upation	,	Govt.	Private	others	
8. State whether you are Caste / Scheduled Tribo			SC	ST	ОВС	
(if so. attach documenta	ary proof in support)		UR	EWS	PwBD	
9. Have you ever been law for any offence?	convicted by a cou	rt of	Yes		No	
9 (a). If so, give detail	s there of:		Case No:	31111111111111111111111111111111111111	Y	ear:
10. Present Employer	of the candidate:	£!	Govt.	Private	others	· ·
(a) In case of candidate withis application sent thro		ether	Yes	No [
(b) In case of private / c address of the employer		ame &	*			_
11. (a) Educationa	l Qualification:					
		C. C. C. F. F. C. C.	C.C.D. WILLIAM C. T.	THE PERCENT OF STREET	ALCA THITTE ALL	
university / board (as a	warded in Degree C			ation).(Attach		
university / board (as a from university/college Examination (Name of the	e should be attached Percentage of	alongwi	th the applica	ation).(Attach	Documentary p	Equivalance of percentage in case of CGPA with supporting
university / board (as a from university/college Examination (Name of the Board/University)	e should be attached Percentage of	alongwi	th the applica	ation).(Attach	Documentary p	Equivalance of percentage in case of CGPA with supporting
university / board (as a from university/college Examination (Name of the Board/University)	e should be attached Percentage of	alongwi	th the applica	ation).(Attach	Documentary p	Equivalance of percentage in case of CGPA with supporting
university / board (as a from university/college Examination (Name of the Board/University) SSLC / X HSC / XII Diploma / PG Diploma Certificate	e should be attached Percentage of	alongwi	th the applica	ation).(Attach	Documentary p	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University) SSLC / X HSC / XII Diploma / PG Diploma Certificate (if any)	e should be attached Percentage of	alongwi	th the applica	ation).(Attach	Documentary p	Equivalance of percentage in case of CGPA with supporting

Note: where ever it is not applicable make as Nil or NA.

11. (b) Title of Ph.	D. Thesis								
11.(c) Date of declar	ration of P	h.D. Deg	ree:		No to the total		ATAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMA		
(Attach Documenta	ry Proof)								
11. (d) Other Qua	lification	s:							
(Note: Sufficient in above, wherever ap	formation	ı to be pr						er than 11 (a)	
Course / Examination	Percen	tage of rks ined			Major Subjects		Year of passing	Equivalance of percentage in case of CGPA with supporting documents	
		d							
12. <u>RCI / CAHP</u>	Registra	tion det	tails: (a	attach d	locumen	itary p	roof)		
RCI / CAHP Regis	stration N	0:							
Date of Issue of Co	ertificate:								
Validity of the Cer	tificate til	1:				************			
Work expe	Ì						nce will not be c	counted)	
Name of the en	nlover	Design	ation /	Dura	Duration		Pay level f in Govt.)	Nature of work	
(Indicate: Govt./		Designation / Position		From To		(E	Emolument Basic + DA) f in Private]	level of responsibilities	
_									
		- CK							

[Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete]

13	(b)	Teaching	/ Research Ex	nerience after	Ph.D.:	(In	Vears.	Months &	& D	avs)
	(\cup)	I CHCIIII	/ Itebenien LA	perionee arter	A HILL III THE STREET	1 4 4 4 4	I CHID	IATORICIES 6	~	64 7 13 1

PART - II (ACADEMIC DETAILS)

14 (a) Teaching Experience:

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	То
2					
3					
4					
5					

14 (b) Membership in National / International Organizations: (attach documentary proof)

SI. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	То
1					29
2					
3					_1

14 (b) Other Professional training undergone, if any, and details thereof:							

14 (c) Membership in Professional Organizations:

SI. No.	Name of the Organization	National / International (Specify)	Position held if any	From	То
1					
2	•; =				
3					
4					
5					

14 (d) Honors & Awards:

1	*	
2		
3		
4		
5		

PART - III (CLINICAL EXPERIENCE)

15 (a)	Area of Specialization:	
10 (4)	THE OF DECIMINATION	

15 (b) Provide the details of Clincal work assigned & completed:

SI. No.	Name of the Organization	Name of the Outpatient / Special Unit	No. of hours assigned per week	Total hours actually engaged
1				
2			_	
3				
4				

9			
	فيكاني	1600	

Research Articles/Papers published in Journals/Periodicals / Conference
16 (a) Proceedings / News Papers: (Attach separate sheet, if space is found insufficient with documentary proof)

Sl. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal		Volume & Page No.	Inter national / National	Impact Factor
1							
2							
3							
4							
5							

Publications (other than Research Paper) including books authored which are published by

(i) International /National Publication:

SI. No.	Title of the Book(s) with page No.	ISBN/ ISSN No.	Issue & Year of publicaiton	Main author / Co-author (specify)	National / Inter national Books (Specify)
1					
2					
3		St 5			
4					
5	13760				

(ii) Chapter in Edited Books:

Sl. No.	Title of the Book(s) with page No.	Inter national / National (Speify)	Issue & Year of publication	Single Author (or) Multiple author: main author / Co- author (speify properly)
ı				(0
2				
3				
4				
5				

(iii) *E-Content*:

SI. No.	Title of E-Content for a complete course/e-book	URL Link / QR code / ISBN/ ISSN No./Link if any	Main Author / Co-Author (speify)
ī			
2			
3			
4			
5			

Research Projects Intramural & Extramural completed / ongoing with you as an investigator:

(Give these particulars in a separate sheet quoting this serial number)

SI. No.	Title of project	Source of funds & amount of Grants	PI / Co-Pl (Specify)	Duration of the project	Status of the project & supporting documents
1					
2		a .			
3				, -	
4					
5					

16 (d) Collaboration with International / National Organizations:

SI. No.	Name of the collaborative	Name of the Collaborating	National / International	Duration	
	activity	Organization		From	То
T					
2					
3					
4					
5					

Patent /Technology Transfer/Copy right/Innovation issued by Intellectual Property 16 (e) India, Patent Office, GOI: [with Supporting document](If any International Patent, kindly attach separate document)

SI. No.	Title of patent (Invention titled)	Single / Joint Patent Holder (Specify)	Patent No. / Application No.	Date of Filing	Date of issue patent by Controller of Patent, GOI
1					
2					
3					

Publication of Paper Presentation in Conferences/Seminar/Symposium/ 16 (f) Workshop participated in the last 10 years: (Attach separate sheet, if space is found space is found sufficient. Also, attach documentary proof)

SI. No.	Title	Category (Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (Internatio nal / National)	Place	Year
l					-
2					
3	-				
4		- T			
5		-			
6					
7					
8					
9					
10					+-

16 (g) Research Guideship (Guidance to Ph.D. Scholars)/Dissertation students:

SI. No.	Doctoral / Dissertation student guided successfully (Name of the student)	Research recognition Letter Issued by University for Ph.D. (Ref No. & Date)	Year of Degree awarded	Title of the Ph.D. thesis/Dissertation
1				
2	_	-		
3				
4				
5	_			

16 (h) Seminars / Conference / Workshop / Fresher course Organised:

SI. No.	Title	Period	Place	Remarks
1				,
2				
3				
4	n e			
5				

Public Education Awarness campaign / Camp / commemoration / Special day organized:

SI. No.	Name of the Program	Particulars
1		De
2		
3		
4		
5		

SI. No.		Title:	
1	*		
2			
2			
3			
4			
17	References: Give name & address of three processional we confidential assessment of the care	ork (The institute may wi	
Sl. No.	Name & Office address of the Official	Designation	Contact No. & Official Email
211	1 731		Mobile:
1	1/874		Email:
2	1181181	RESOURCE STATE	Mobile:
			Email:
3			Mobile:
	10,6	Warrant To and	Email:
18	Briefly explain (within 100 word	ls) how you are suitable	for this position.
	×		

16 (j) Resource Materials / Audio/Video resource Developed for Public Education:

SI. No.	Details of Enclosure	SI. No.	E	nclos	ed	Reference to Annexure
3110.		to application	Yes	No	Not applicable	
1	Proof of payment of application fee	Pg.(1)				
2	Proof of Age	4 (a)				
3	SSLC	11 (a)				
4	PUC	II (a)				
5	Bachelor's Degree (all semester mark sheets)	11 (a)				
6	Bachelor's Degree Certificate	l1 (a)				
7	Master's Degree (all semester mark sheets)	ll(a)				
8	Master's Degree Certificate	ll(a)				
9	Ph.D. Certificate / Declaration of result	11 (a) & (b)				
10	RCI Registration Certificate	12				
11	Post Ph.D. Experience Certificate	13 (b)				
12	Other Experience Certificates	13 (a)				
13	Details of academic teaching experience	14 (a)	NΒ			1
14	Details of Membership in National / Internatinal Organization	14 (b)				
15	Details of Membership in Professional Organization	14 (c)				
16	Details of Honors & Awards	14 (d)				
17	Details of Clinical Experience	15 (a), (b)				
IX I	Details of Protocol & Resource Manual / SOP preparation	15 (c)				
10	Details of Research Articles / Papers / Periodicals / Conference Proceedings	16 (a)				\$ 0
20	Publication of Books in International /National Publishers	16 (b)(i)				
	Details of Book Editorial	16(b)(ii)				
22	Deatails of E - Content	16(b)(iii)				
23	Details of Research Projects	16 (c)				
2/1	Details of collaboration with International/National Organizations	16 (d)				
25	Deatails of Patent/Technology Transfer/Copy right/Innovation	16 (e)				
26	Participation of Paper Presentation in conference / seminar / symposium / workshop etc.,	16 (f)				
	Details about Research Guideship/Dissertation students	16 (g)				
	Details of Seminiars/Conference/Workshop/ fresher course Organised	16 (h)				
	Details of Public Education Activity	16 (i)				
30	Details of Resource Material Developed if any	16 (j)				

DECLARATION
I,
ace:
te: Candidate's Signature
ENDORSEMENT BY THE EMPLOYER (where the candidate is presently employed)
ote: Candidates, who are in regular service / pērmanent post at present, should obtain an endorsement ven below from his / her employer.
f. No
Mr./ Mrs./ Ms./ Dr
• Level in pay matrix: Cell:
 Basic Pay: as on DA: TA: Others:
Signature of Issuing Authority:
Designation & Seal of Issuing Authority:

FORM: A-2

Advertisement No. 06/2024 dt. 29.08.2024

Closing date:

45 days from the date of publication of advt. in the **Employment News paper**



Application fee payn	ient details:
Transaction ID/UTR	

Date of payment Amount Paid:

Recent passport size photo with self attested

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 PROFESSOR

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

DISCIPLINE: ENT & POST CODE:.....

PART - I (GENERAL)

1. Name of the Candidate (BLOCK LETTE Mr. / Mrs. / Ms. / Dr.	ERS)				5555
2. Gender:	Male	Female	Transgender		
3. (a) Address for Communication					

(b) Email ID			38		
(c) Mobile Number					
(d) Aadhar No.					
(e) Permanent Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************	
4. (a) Date of Birth	DD _	MM	YYYY		
(b) Age as on last date of Application (Attach Documentary proof for DOB)	Years	Months	Days		
(c) Place of Birth	Chiesa.				elena.
5. Are you:					
(a) a citizen of India by birth and /or by dom	nicile?				****
(b) If not, indicate the Nationality with documentar	y proof				1975
6. Name the state to which you belong	1000000				

7. (a) Father's Name						
(b) Father's Occupa	ation		Govt.	Private	others	
(c) Mother's Name						
(d) Mother's Occup	ation		Govt.	Private	others	
8. State whether you are	a member of Schedu	iled	sc	ST	OBC	
Caste / Scheduled Tribe				"		
(if so, attach documents	ary proof in support)		UR	EWS	PwBD	
9. Have you ever beer law for any offence?	n convicted by a cou	urt of	Yes		No	
9 (a). If so, give detail	Is there of:		Case N	lo:	Y	ear:
10. Present Employer o	f the candidate:		Govt.	Private	others	
(a) In case of candidate w this application sent thro'	-	ether	Yes	No [
(b) In case of private / c address of the employer		ame &				
11. (a) Educational	Qualification:		*			
Examination (Name of the Board/University)	Percentage of marks obtained	CGPA		r Subjects	Year of passing	Equivalance of percentage in case of CGPA with supporting documents
SSLC / X						
HSC / XII						
Diploma / PG Diploma Certificate (if any)						
Bachelor Degree (MBBS)						
Master Degree M.S. (ENT)						ν,
Any equivalent degree to MS (ENT) recognized		-				

Note: where ever it is not applicable make as Nil or NA.

11.(b) Details of t	the Institu	te/Unvi	ersity	studied	from De	egree le	vel:			
Degree obtained from	om which	College /	Unive	rsity:						
Masters Degree obtain	ned from wh	nich Colleg	ge/Univ	ersity:			***************************************			
whether the above said I	nstitutes have	the approve	al of MC	T or Not?	Yes		No			
Date of declaration of	of M.S (EN	T)/Equiva	alent de	egree.:	L			_		
11. (c) Other Qualit	fications:				***************************************					
(Note: Sufficient inj wherever applicable	formation i						tions, other t	han 11 (a) above,		
			lent ru	les joi i	espective	posisj		Equivalance of		
Course / Examination		otage of obtained	CGPA	Ma	jor Subje	ects	Year of passing	percentage in case of CGPA with supporting documents		
α										
-										
11. (d) MCI/NM	C/SMC I	Registra	tion d	etails:						
MCI/NMC/SMC Re	egistration	No:								
Date of Issue of Cer	rtificate:							0		
Validity of the MCI/		Cartifica	ıta:		21-922), ,			
Work exper 12 (a) (Note: if the counted)	ience (sta	rting fro	m the			ed then,	your experie	nce will not be		
		D .		Dura	ation		ay level in Govt.)	Nature of work &		
Name of the em (Indicate: Govt./		Designation Position				From	То	En	nolument sic + DA)	level of responsibilities
				T TOTAL			n Private]	responsibilities		
		-								

[Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete]

12 (b) Teaching/Research Experience after M.S (ENT).: (In Y / M & Days)

PART - II (ACADEMIC DETAILS)

13 (a) Teaching Experience:

SI. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	То
4					
2					
3					
4				-	
5	s .				ě

13 (b) Membership in National / International Organizations: (attach documentary proof)

SI. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	То
1					
2					
3			F		19

13 (c) Membership in Professional Organizations:

SI, No,	Name of the Organization	National / International	Position held if any	From	То
ľ	*	f.			
2					
3					
4					

13 (d) Honors & Awards:

1		
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PART - III (CLINICAL EXPERIENCE)

14 (a) Area of Specialization:	
17 (a) Alta di Suttianzandi.	

14 (b) Provide the details of Clincal work handled:

SI. No.	Name of the Organization	Name of the Outpatient / Special Unit	No. of hours assigned per week	Total hours actually engaged
1				
2				
3				
4				
5	*			

14 (c) Provide the details about Surgeries Performed:

SI No.	Minor / Major Surgeries performed	Name of the Surgery performed	No. of surgery performed (approx)
l	*		
2			25
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(d) Proto	col and Resou mentary proof,	rce Manual)	l prepared:(ij -	f any provide	the complete o	letails with	
	<i>j</i> -	- 184					
							(**
							i i

PART - IV (RESEARCH & PUBLICATION)

Research Articles/Papers published in UGC-CARE/NMC Journals:(Attach separate sheet, if space is found insufficient with documentary proof)

SI No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No	International / National	Impact Factor
ı	ar a					
2						
3						
4						
5						

Publications (other than Research Paper) including books authored which are published by

(i) International / National Publication:

SI. No.	Title of the Book(s) with page No.	ISBN/ ISSN No.	Issue & Year of publication	Main author / Co-author (specify)	National / Inter national Books (Specify)
1					
2					H
3					
4					

(ii) Chapter in Edited Books:

SI. No.	Title of the Book(s) with page No.	Inter national / National (Speify)	ISBN/ ISSN No.	Issue & Year of publication	Single Author (or) Multiple author: main author / Co- author (speify properly)
1					
2					
3					

(iii) *E-Content*:

SI. No.	Title of E-Content for a complete course/e-book	URL Link / QR code / ISBN/ ISSN No./Link if any	Main Author / Co-Author (speify)
1			
2		÷: I _q	
3			
4			
5			

15 (c) Research Projects Intramural & Extramural completed / ongoing with you as an investigator:

(Give these particulars in a separate sheet quoting this serial number)

SI. No.	Title of project	Source of funds & amount of Grants	PI / Co-PI (Specify)	Duration of the project	Status of the project & supporting documents
1					V.
2					
3	а				
4					4-1
5					

15 (d) Collaboration with International / National Organizations:

Sl. No.	Name of the collaborative	Name of the Collaborating	National /	Du	Duration		
	activity	Organization	International	From	То		
I							
2							
3							
4							
5							

Patent / Technology Transfer / Copy right / Innovation issued by Intellectual Property India, 15 (e) Patent Office, GOI: [with Supporting document](If any International Patent, kindly attach separate document)

Sl. No.	Title of patent (Invention titled)	Single / Joint Patent Holder (Specify)	Patent No. / Application No.	Date of Filing	Date of issue patent by Controller of Patent, GOI
I					
2					
3					1.
4					

Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop 15 (f) participated in the last 10 years: (Attach separate sheet, if space is found spacfe is found sufficient. Also, attach documentary proof)

SI. No.	Title	Participation of Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (International National)	Place	Year
ĵ					
2					
3					
4					
5					
6					
7		发表。			
8					
9					

15 (g) Research Guideship (Guidance to PG / Doctoral Scholars):

SI. No.	PG student guided / Doctoral students (Name of the student)	Year of Degree awarded	Title
1			
2			
3			
4			

15 (h) Seminars / Conference / Workshop / Fresher course Organised:

SI. No.	Title	Period	Place	Remarks
1				
2				
3				
4	a			
5		*		

15 (i) Public Education Awarness campaign/Camp/commemoration/Special day organized:

SI. No.	Name of the Program	Particulars
L		
2		+1
3		9

15 (j) Resource Materials / Audio/Video resource Developed for Public Education:

SI. No.		<u>Title:</u>
ĵ.		
2		
3		
4	*	

References:

16 Give name & 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)

SI. No.	Name & Office address	Designation	Contact No. & Official Email
I			Mobile:
2	•		Mobile: Email:
3			Mobile: Email:

17	Briefly explain	(within 100	words)	how you	are suitable	for this	position.
							.,

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s	
	+

Sl. No	Details of Enclosure	SI. No.		Enclos	ed	Reference to
		to application	Yes	No	Not applicable	Annexure
ļ.	Proof of payment of application fee	Pg. (1)				
2	Proof of Age	4 (a)				
3	SSLC	[1 (a)				
4	PUC	II (a)				
5	Bachelor's Degree (all semester mark sheets)	II (a)				
6	Bachelor's Degree Certificate	11 (a)				
7	Master's Degree (all semester mark sheets)	11 (a)				
8	Master's Degree Certificate	11 (a)				
9	Details about University / Institution studied from Bachelors level	11 (b)				
10	M.S (ENT) Certificate / Declaration of result	11 (a) &				
П	MCI / NMC/SMC Registration Certificate	(b)				
12	Post M.S (ENT) Experience Certificate	11 (d)				
13	Work Experience Certificates	12 (b)				
-		12 (a)				
15	Details of academic teaching experience Details of Membership in National / Internatinal	13 (a)				
-	Organization	13 (b)	=			
16	Details of Membership in Professional Organization	13 (c)				
17	Details of Honors & Awards	13 (d)	9			
8 I	Details of Clinical Experience	14 (a)				
9 [Details of Surgeries performed	14 (b)				
0 [Details of Protocol & Resource Manual / SOP preparation	14 (c)				
ı E	Details of Research Articles/Papers published in	15 (a)		-	-	
, 12	JGC-CARE/NMC approved journals ublication of Books in International /National/		-	-		
	olicy papers	15 (b)(i)		_		
_	etails of Chapter in Edited books	15(b)(ii)				÷
_	eatails of E - Content	15(b) (iii)				
	etails of Research Projects	15 (c)				
_ [O	etails of collaboration with International / National rganization	15 (d)				
rig	eatails of Patent/Technology Transfer/Copy	15 (e)				
Do	etails of Paper Presentation in conference / minar / symposium / workshop	15 (f)	-	-	_	
De	etails about Research Guidship to PG/Doc			-		
De	holars ttails of Seminars / conference / workshop /	15 (g)				
fre	sher course organised	15 (h)				
+	tails of Public Education Activity	15 (i)				
De	tails of Resource Material Developed if any	15 (j)				

	DECLARATION	
information given in this ap	pplication is true and correct to the best of my knowled my candidature may be disqualified without prejudice to ar	
Place:		
Date:	Candidate's S	
	ENDORSEMENT BY THE EMPLOYER (where the candidate is presently employed)	
Note: Candidates, who are given below from his / her en	in regular service / permanent post at present, should ob nployer.	rtain an endorsement
Ref. No	Date	***************************************
onas	Dr. , joined	resent employed as and is a Permanent
 Level in pay matrix: 	Cell:	
Basic Pay:DA:TA:Others:		
	Signature of Issuing Authority:	
Design	ation & Seal of Issuing Authority:	

FORM: B-1

Advertisement No: 06/2024 dt.29.08.2024

Closing date:

45 days from the date of publication of advt. in the Employment News paper



Application fee payn	ient details:
Transaction ID/UTR	***************************************

Date of payment: Amount Paid:

Recent passport size photo with self attested

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 ASSOCIATE PROFESSOR

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

DISCIPLINE:		* * * * * * * * * * * * * * * * * * * *	& POST (CODE:
	PART - I	(GENERAL)		
1. Name of the Candidate (BLOCK LETT Mr. / Mrs. / Ms. / Dr.	ERS)			
2. Gender:	Male	Female	Transgender	
. (a) Address for Communication	740,410-1	nammuni nama ana ana ana ana ana ana ana ana an		
	and the second			
	745			
(b) Email ID				
(c) Mobile Number	1.3.00	S.R. 3.5		
(d) Aadhar No.				
(e) Permanent Address				
	·			
() 5 251.1		–		
(a) Date of Birth	DD	MM	YYYY	
(b) Age as on last date of Application (Attach Documentary proof for DOB)	Years	Months	Days	
(c) Place of Birth				
Are you:				
a) a citizen of India by birth and /or by dom	nicile?			
b) If not, indicate the Nationality with documentary	y proof			
Name the state to which you belong	·			

7. (a) Father's Name				·····		
(b) Father's Occupa	ation		Govt.	Private	others	
(c) Mother's Name						
(d) Mother's Occup	oation		Govt	Private	others	
8. State whether you are Caste / Scheduled Trib			sc	ST	ОВС	
(if so, attach documen	tary proof in support)		UR	EWS	PwBD	
9. Have you ever beer law for any offence?	n convicted by a cou	ırt of	Yes		No	
9 (a). If so, give detail	Is there of:		Case No:		Y	ear:
10. Present Employer o	of the candidate:		Govt.	Private	others	
(a) In case of candidate w this application sent thro'		ether	Yes	No [
(b) In case of private / address of the employe		ame &				
11. (a) Educational	Qualification:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Su		Year of passing	Equivalance of percentage in case o CGPA with supportin documents
SSLC / X					n	20011101110
HSC / XII						9
Diploma / PG Diploma Certificate (if any)						
Bachelor Degree						
Master Degree						-2

1. (b) Title of Ph.	D. Thesis				
11.(c) Date of decla	ration of Ph.D. De	gree:			
(Attach Documenta	ry Proof)				
11. (d) Other Quali	fications:				
(Note: Sufficient inf					an 11 (a) above,
wherever applicable	, as per the Recruit	ment rule	es for respective posi	(s)	E-vivalana 6
Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalance of percentage in case of CGPA with supporting documents
12. <u>RCI / CAHP 1</u>	Registration deta	nils: (atta	ch documentary p	roof)	
RCI / CAHP Regis					
Date of Issue of Co	ertificate:				
Validity of the Cer	tificate till:				
Work exper 13 (a) (Note: if the counted)	rience (starting fr copy of experienc			hen, your experie	nce will not be
Name of the em	nnlover Desig	nation /	Duration	Pay level (If in Govt.)	Nature of work &
(Indicate Court				Emolument	level of

Name of the employer	Designation /	Dura	ation	Pay level (If in Govt.)	Nature of work &
(Indicate: Govt./Private)	Position	From	То	Emolument (Basic + DA) [If in Private]	level of responsibilities
			F		
					(#
					-
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[Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete]

13 (b)	Teaching/Research Experience after Ph.D.:	(In	Voors	Months &	Pavel &
10 (0)	reaching/Research Experience after rin.D.	LLL	1 cars	TATOUTING C	x Days)

PART - II (ACADEMIC DETAILS)

14 (a) Teaching Experience:

SI. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	То
Ĺ					
2					
3		(4)	•		
4					

14 (b) Membership in National / International Organizations: (attach documentary proof)

SI. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	То
1					
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3					
4	× ×				=

Other Profession	gone, if any, and deta	
	y.	

14 (c) Membership in Professional Organizations:

SI. No.	Name of the Organization	National / International	Position held if any	From	То
1		(
2					
3					
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5					

14 (d) Honors & Awards:

I.	
2	
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3	

PART - III (CLINICAL EXPERIENCE)

15 (a) Area of Specialization:	***************************************
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15 (b) Provide the details of Clincal work assigned & completed:

Sl. No.	Name of the Organization	Name of the Outpatient / Special Unit	No. of hours assigned per week	Total hours actually engaged
- 1				
2	4			
3		•		
4		•		

 ×	

Research Articles/Papers published in Journals/Periodicals / Conference Proceedings / News Papers: (Attach separate sheet, if space is found insufficient with documentary proof)

SI. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No.	International / National	lmpact Factor
1						
2					41	
3			±		29	
4						
5		10				
6						

.6 (b) Publications (other than Research Paper)

Books / Policy papers:

SI. No.	Title of the Book(s) with page No.	ISBN/ ISSN No.	Issue & Year of publicaiton	Main author / Co-author (specify)	National / Inter national Books (Specify)
1					
2					
3		-4			
4					
_ 5					
5				16	

(ii) *E-Content*:

SI. No.	Title of E-Content for a complete course/e-book	URL Link / QR code / ISBN/ ISSN No./Link if any	Main Author / Co-Author (speify)
1			Ψ)
2			-
3			
4			14
5		×	

16 (c) Research Projects Intramural & Extramural completed / ongoing with you as an investigator:

(Give these particulars in a separate sheet quoting this serial number)

SI. No.	Title of project	Source of funds & amount of Grants	PI / Co-PI (Specify)	Duration of the project	Status of the project & supporting documents
i					
2					
3					
4					
5					

16 (d) Collaboration with International / National Organizations:

SI. No.	Name of the collaborative	I (Allahorating I	Du	ıration	
31. NO.	activity	Collaborating Organization	International	From	То
1					:e
2					
3					
4					

Patent / Technology Transfer / Copy right / Innovation issued by Intellectual Property India, 16 (e) Patent Office, GOI: [with Supporting document](If any International Patent, kindly attach separate document)

SI. No.	Title of patent (Invention titled)	Single / Joint Patent Holder (Specify)	Patent No. / Application No.	Date of Filing	Date of issue patent by Controller of Patent, GOI
1					
2					
3					

Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop 16 (f) participated in the last 10 years: (Attach separate sheet, if space is found space is found sufficient. Also, attach documentary proof)

SI. No.	Title	Category (Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (Internationa I National)	Place	Year
1					
2					At .
3	- 1				39
4					
5					
6					

16 (g) Research Guideship (Guidance to Ph.D. Scholars)/Dissertation students:

Sl. No.	Doctoral/Dissertation student guided successfully (Name of the student)	Research recognition Letter Issued by University for Ph.D. (Ref No. & Date)	Year of Degree awarded	Title of the Ph.D. thesis/Dissertation
1				
2				
3				×

16 (h) Seminars / Conference / Workshop / Refresher course Organised:

SI. No.	Title	Period	Place	Remarks
ſ				
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4				
5				

16 (i) Public Education Awarness campaign / Camp / commemoration / Special day organized:

Sl. No.	Name of the Program	Particulars
1		
2		
3		

Resource Materials / Audio/Video resource Developed for Public Education:

SI. No.	<u>Title:</u>	
I		
2		
3		

References:

Give name & 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)

Sl. No.	Name & Office address of the Official	Designation	Contact No. & Official Email
ı			Mobile:
	147		Email:
2			Mobile:
		Land and the same of the same	Email:
3			Mobile:
			Email:

18 Briefly explain (within 100 words) how you are suitable for this position.

	.,
	76 C

1	DECLARATION	
inform	I, hereby decommation given in this application is true and correct to the best of my knowledge and ermation is found false, my candidature may be disqualified without prejudice to any action under the rules.	d belief. If an
Place	ee:	
Date:	e: Candidate's Signatu	
	ENDORSEMENT BY THE EMPLOYER (where the candidate is presently employed)	
	e: Candidates, who are in regular service / permanent post at present, should obtain a n below from his / her employer.	n endorsemen
Ref. 1	No Date	*******
emplo	Mr./ Mrs./ Ms./ Dr	employed a is a Permanen
•	Level in pay matrix:	
	Signature of Issuing Authority:	

Designation & Seal of Issuing Authority:

FORM: B-2

Advertisement No. 06/2024 dt. 29.08.2024

Closing date:

45 days from the date of publication of advt, in the **Employment News paper**



Application fee payn	nent details:
Transaction ID/UTR	
Date of payment:	
Amount Paid:	***************************************

Recent passport size photo with self attested

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 ASSOCIATE PROFESSOR

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

DISCIPLINE: ENT & POST CODE:.....

	PARI-	(GENERAL)		
1. Name of the Candidate (BLOCK LETT Mr. / Mrs. / Ms. / Dr.	ERS)			
2. Gender:	Male	Female	Transgender	
3. (a) Address for Communication				***************************************
			<u> </u>	
				1
(b) Email ID				
(c) Mobile Number	1994	rsort Car		
(d) Aadhar No.			<u> </u>	
(e) Permanent Address				
	2*************************************			
4. (a) Date of Birth	DD	MM	YYYY	
			7 -	
(b) Age as on last date of Application	Years	Months	Days	
(Attach Documentary proof for DOB)(c) Place of Birth			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5. Are you:				
(a) a citizen of India by birth and /or by don	nicile?			
(b) If not, indicate the Nationality with documentar				
6. Name the state to which you belong	, p. 001			
or realise the state to willon you belong	(*******			

7. (a) Father's Name						
(b) Father's Occupa	ition		Govt.	Private	others	100
(c) Mother's Name						
(d) Mother's Occup	ation	Y	Govt.	Private	others	
8. State whether you are Caste / Scheduled Trib			sc	ST	ОВС	
(if so, attach documents	ary proof in support)		UR	EWS	PwBD	
9. Have you ever been law for any offence?	convicted by a cou	irt of	Yes		No	
9 (a). If so, give detail	s there of:		Case No:	***************************************	Y	ear:
10. Present Employer o	f the candidate:		Govt.	Private	others	
(a) In case of candidate w this application sent thro'	•		Yes	No		
(b) In case of private / c address of the employer		ame &				
11. (a) Educational	Qualification:					
Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major S		Year of passing	Equivalance of percentage in case of CGPA with supporting documents
SSLC / X						
HSC / XII						
						(0
_						.0
Diploma Certificate (if any) Bachelor Degree						2
Diploma / PG Diploma Certificate (if any) Bachelor Degree (MBBS) Master Degree M.S. (ENT)						2

Note: where ever it is not applicable make as Nil or NA.

	om which	College /	Unive	rsity:	######################################				
Masters Degree obtai	ned from wh	nich Colle	ge/Univ	ersity:					
whether the above said I	nstitutes have	the approva	al of MC	I or Not?	Yes	No No			
Date of declaration of	of M.S (EN	T)/Equiva	ılent de	gree.:					
l I. (c) Other Quali	fications				2000110001100000011000	Managara da			
Note: Sufficient inj	formation t	o be prov	ided in	respect	of other qu	ualifications, other	than 11 (a) above,		
wherever applicable	, as per the	Recruitn	nent ru	les for r	espective p	osts)	Equivalance of		
Course / Examination	Percen marks o	tage of btained	CGPA	Ma	ijor Subjec	Year of passing	percentage in case of CGPA with supportin		
		- a							
11. (d) MCI/NM	C/SMC R	Registra	tion d	etails:		35.			
MCI/NMC/SMC Re	egistration	No:							
Date of Issue of Cer	tificate:								
Validity of the MCI/I	NMC/SMC	Certifica	te:				***************************************		
Work exper 12 (a) (Note: if the counted)				nost re			ience will not be		
NT C.1				Duration Pay level		Pay level	Nature of worl		
	Name of the employer					ı Dui	ation I	(101 0)	Nature of work
(Indicate: Govt./Private)		_	:		r t	(If in Govt.) Emolument	Nature of work of level of		
		_	:	From	То				
		_	:		r t	Emolument (Basic + DA)	level of		
2		_	:		r t	Emolument (Basic + DA)	level of		
		_	:		r t	Emolument (Basic + DA)	level of		
		_	:		r t	Emolument (Basic + DA)	level of		
		_	:		r t	Emolument (Basic + DA)	level of		
		_	:		r t	Emolument (Basic + DA)	level of		

12 (b) Teaching/Research Experience after M.S (ENT).: (In Y/M & Days)

PART - II (ACADEMIC DETAILS)

13 (a) Teaching Experience:

SI. No.	UG/PG	Name of the Institute / Organization	Courses handled	From	То
1					
2					
3					
4					
5	_			21	

13 (b) Membership in National / International Organizations: (attach documentary proof)

SI. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	То
ı					
2					
3	3				

13 (c) Membership in Professional Organizations:

SI. No.	Name of the Organization	National / International	Position held if any	From	То
t	*	A			
2					
3					
4					

13 (d) Honors & Awards:

1	3
2	
3	
4	

PART - III (CLINICAL EXPERIENCE)

14 (a)	Area of Specialization:	
--------	-------------------------	--

14 (b) Provide the details of Clincal work handled:

SI. No.	Name of the Organization	Name of the Outpatient / Special Unit	No. of hours assigned per week	Total hours actually engaged
1	8		9	
2				_=
3	*			
4			48	
5				

14 (c) Provide the details about Surgeries Performed:

SI. No.	Minor / Major Surgeries performed	Name of the Surgery performed	No. of surgery performed (approx)
1	*	×	
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3			
4			

иоситетиту рг	esource Manual prepared:(if any provide the complete oof)	
		9

PART - IV (RESEARCH & PUBLICATION)

Research Articles/Papers published in UGC-CARE/NMC Journals:(Attach separate sheet, if space is found insufficient with documentary proof)

Sl. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No	International / National	Impact Factor
r -						
2			· ·			
3	=					
4						
5						

15 (b) Publications (other than Research Paper)

(i) Books / Policy papers:

Sl. No.	Title of the Book(s) with page No.	ISBN/ ISSN No.	Issue & Year of publicaiton	Main author / Co-author (specify)	National / Inter national Books (Specify)
ī					70
2					
3	-				
4					
5	- ×				

(ii) *E-Content:*

Sl. No.	Title of E-Content for a complete course/e-book	URL Link / QR code / ISBN/ ISSN No./Link if any	Main Author / Co-Author (speify)
1			
2			
3			
4			
5		egig.	-

15 (c) Research Projects Intramural & Extramural completed / ongoing with you as an investigator:

(Give these particulars in a separate sheet quoting this serial number)

SI. No.	Title of project	Source of funds & amount of Grants	PI / Co-PI (Specify)	Duration of the project	Status of the project & supporting documents
1): 	
2					
3					(±)
4					-
5					41

15 (d) Collaboration with International / National Organizations:

SI. No.	Name of the collaborative	Name of the	National /	Duration	
31. 140.	activity	Collaborating Organization	International	From	То
1					
2			H		
3			4		
4					

Patent / Technology Transfer / Copy right / Innovation issued by Intellectual Property India, 15 (e) Patent Office, GOI: [with Supporting document](If any International Patent, kindly attach separate document)

SI. No.	Title of patent (Invention titled)	Single / Joint Patent Holder (Specify)	Patent No. / Application No.	Date of Filing	Date of issue patent by Controller of Patent, GOI
1					
2					
3			п		

Participation of Paper Presentation in Conferences / Seminar / Symposium / Workshop 15 (f) participated in the last 10 years: (Attach separate sheet, if space is found sufficient. Also, attach documentary proof)

SI. No.	Title	Participation of Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (International / National)	Place	Year
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3					
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5	***			1911	
6					

15 (g) Research Guideship (Guidance to PG/Doctoral Scholars):

SI. No.	PG student guided / Doctoral students (Name of the student)	Year of Degree awarded	Title
1			-
- 2			
3			

SI. No.	Name of the Program	Particulars
1		
2		
3		

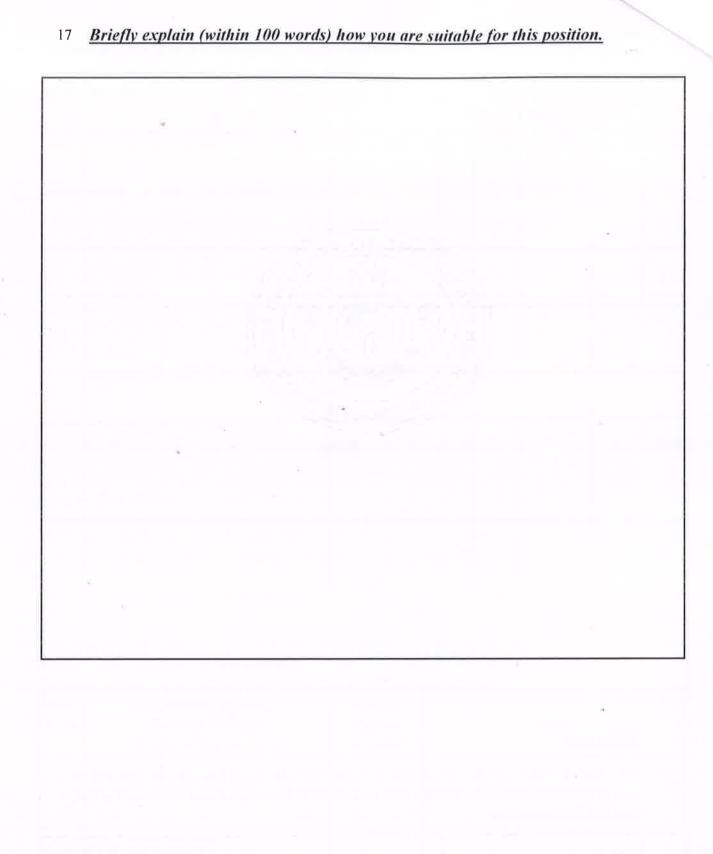
15 (i) Resource Materials / Audio/Video resource Developed for Public Education:

SI. No.		<u>Title:</u>	
1	. /		
2			
- 3			
4			

References:

16 Give name & 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)

SI. No.	Name & Office address	Designation	Contact No. & Official Email
Ĩ			Mobile:
			Email:
2			Mobile:
			Email:
3			Mobile:
			Email:



SI. N	Details of Enclosure	SI. No		I	Enclos	Reference to	
		to applicatio		Yes	No	Not applicable	Annexure
1	Proof of payment of application fee	Pg. (1)				
2	Proof of Age	4 (a)	T				
3	SSLC	11 (a)	T				
4	PUC	11 (a)					
5	Bachelor's Degree (all semester mark sheets)	11 (a)	T				
6	Bachelor's Degree Certificate	11 (a)	T				-
7	Master's Degree (all semester mark sheets)	11 (a)					
8	Master's Degree Certificate	11 (a)					
9	Details about University / Institution studied from Bachelors level	11 (b)					
10	M.S (ENT) Certificate / Declaration of result	11 (a) &					
11	MCI / NMC/SMC Registration Certificate	11 (d)					
12	Post M.S (ENT) Experience Certificate	12 (b)					
13	Work Experience Certificates	12 (a)					
14	Details of academic teaching experience	13 (a)					
15	Details of Membership in National / Internatinal Organization	13 (b)					
16	Details of Membership in Professional Organization	13 (c)	7				
17	Details of Honors & Awards	13 (d)					
18	Details of Clinical Experience	14 (a)		1			
19	Details of Surgeries performed	14 (b)					
20	Details of Protocol & Resource Manual / SOP preparation	14 (c)		+			
	Details of Research Articles/Papers published in UGC-CARE/NMC approved journals	15 (a)					(#
2 I	Publication of Books in International /National/	15 (b)(i)					
3	Deatails of E - Content	15(b)(ii)					
	Details of Research Projects	15 (c)			+		
5 C	Details of collaboration with International / National Organization	15 (d)			+		
D	Deatails of Patent/Technology Transfer/Copy	15 (e)					
, D	Details of Paper Presentation in conference / Details of Paper Presentation in conference / Details of Paper Presentation in conference /	15 (f)		+			
D	etails about Research Guidship to PG/Doc.	15 (g)	-				
	etails of Public Education Activity	15 (h)					
_	etails of Resource Material Developed if any	15 (i)		-			

	DECLARATION
information given in this app	hereby declare that the blication is true and correct to the best of my knowledge and belief. If any candidature may be disqualified without prejudice to any action that may be
Place:	
Date:	Candidate's Signature
	ENDORSEMENT BY THE EMPLOYER (where the candidate is presently employed)
Note: Candidates, who are in given below from his / her emp	n regular service / permanent post at present, should obtain an endorsement ployer.
Ref. No	Date
onas	Dr
DA:TA:Others:	
	Signature of Issuing Authority:
Designa	ation & Seal of Issuing Authority:

FORM: B-3

Advertisement No: 06/2024 dt. 29.08.2024

Closing date:

45 days from the date of publication of advt. in the Employment News paper



Application	fee	payment	details

Transaction ID/UTR

Date of payment:

Amount Paid:

Recent passport size photo with self attested

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 ASSOCIATE PROFESSOR

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

DISCIPLINE: SPECIAL EDUCATION & POST CODE:.....

PART - I (GENERAL)

1. Name of the Candidate (BLOCK LETT Mr. / Mrs. / Ms. / Dr.	ERS) —			
2. Gender:	Male	Female	Transgender	
3. (a) Address for Communication				
4		······································		
			ph/N	***************************************
		on one and an		
(1) F. TIP	39000			<u></u>
(b) Email ID	-		2	
(c) Mobile Number				
(d) Aadhar No.			11	
(e) Permanent Address	***************************************			10.4444
	***************************************	***************************************		TANK.
				*
4. (a) Date of Birth	DD	MM	YYYY	
			_	
(b) Age as on last date of Application	Years	Months	Days	
(Attach Documentary proof for DOB)				
(c) Place of Birth	*********			······································
5. Are you:				
(a) a citizen of India by birth and /or by dom	nicile?			*****************
(b) If not, indicate the Nationality with documentary	y proof	***************************************		
6. Name the state to which you belong	1			***************************************

7. (a) Father's Name			***************************************	***************************************		
(b) Father's Occupa	ation		Govt.	Private	others	
(c) Mother's Name					<u></u>	
(d) Mother's Occup	oation	,	Govt.	Private	others	
8. State whether you are Caste / Scheduled Trib			sc	ST L	ОВС	
(if so, attach document	tary proof in support)		UR	EWS	PwBD	
9. Have you ever beer law for any offence?	n convicted by a cou	ırt of	Yes		No	
9 (a). If so, give detail	Is there of:		Case No:		Y	ear:
10. Present Employer of	of the candidate:		Govt.	Private	others	
(a) In case of candidate w this application sent thro'		ether	Yes	No		
(Note: Percentage sho university / board (as a from university/college Examination	iwarded in Degree C	ertificate	e & the copy of th the applica	of percentage tion).(Attach	conversion cer	dificate received proof) Equivalance of
(Name of the Board/University)	marks obtained	CGPA	Major S	ubjects	passing	percentage in case of CGPA with supporting documents
SSLC / X						
HSC / XII						
Diploma / PG Diploma						
Diploma / PG Diploma Certificate (if any) Bachelor Degree						

Master Degree

Ph.D.

11. (b) Title of Ph.	.D. Thesis			***************************************			
				·*************************************			***************************************
11.(c) Date of decla	ration of I	Ph.D. Deg	ree:		the new mount	NIO III MARIANI	·····
(Attach Documenta	ry Proof)						
11. (d) Other Quali		to be	:4.4:		. C . A	no d	und cook III zavi a komer
(Note: Sufficient in) wherever applicable	, as per the	e Recruitn	nent ru	respect o les for re	spective	<u>juanifications, otner</u> <u>posts)</u>	than 11 (a) above,
Course / Examination	Percei	ntage of obtained	CGPA		jor Subj	Vear	per cominge in case of
			=				
12. <u>RCI / CAHP 1</u>			<u>ls</u> : (att	ach doc	umentar	y proof)	
RCI / CAHP Regis		0:					
Date of Issue of Ce							
Validity of the Cer	tificate til	1:				M	
Work exper 13 (a) (Note: if the counted)		-			,	ed then, your exper	ience will not be
Name of the em	nployer	Designation		Dura	ation	Pay level (If in Govt.)	Nature of work &
(Indicate: Govt./Private)		_	Position	From	То	Emolument (Basic + DA) [If in Private]	level of responsibilities
							×.
	11 5						

|Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete|

12 (1)	Toooking/Dassayah E	manianas aftan Dh. D.	(T., V., a., a.	Mantha & Dana
13 (0)	Teaching/Research L	sperience after Ph.D.:	(In Years	INTUITUIS & Days

PART - II (ACADEMIC DETAILS)

14 (a) Teaching Experience:

SI. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	То
1					
2	¢.				
3	4	н			
4					

14 (b) Membership in National / International Organizations: (attach documentary proof)

SI. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	То
i.		-,			
2					28.
3					
4					

(i) Other	Professional tra	nining undergo	ne, if any, and	l details ther	eof:	

14 (c) Membership in Professional Organizations:

Sl. No.	Name of the Organization	National / International	Position held if any	From	То
1		(A			
2					
3	-				
4					
5		:*:			-

14 (d) Honors & Awards:

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PART - III (CLINICAL EXPERIENCE)

15 (a) Area of Specialization:	
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Provide the details of Education Rehabilitation (Course/case work/IEP/Practical Session/Field engagement) assigned & completed:

Sl. No.	Name of the Organization	Task assigned	No. of hours assigned per week	Total hours actually engaged
1				1
2				1
3				
4				

*	X	

16 (a)	Research Articles/Papers published in Journals/Periodicals / Conference Proceedings / News
	Research Articles/Papers published in Journals/Periodicals / Conference Proceedings / News Papers: (Attach separate sheet, if space is found insufficient with documentary proof)

SI. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No	International / National	Impact Factor
1						
2					44	
3					3e	
4						
5						
6						

16 (b) Publications (other than Research Paper)

Books / Policy papers:

SI. No.	Title of the Book(s) with page No.	ISBN/ ISSN No.	Issue & Year of publicaiton	Main author / Co-author (specify)	National / Inter national Books (Specify)
1					
2					
3				-	
4					
5					
5					

(ii) *E-Content*:

Sl. No.	Title of E-Content for a complete course/e-book	URL Link / QR code / ISBN/ ISSN No./Link if any	Main Author / Co-Author (speify)
1_			
2			
3			
4			1
5			

16 (c) Research Projects Intramural & Extramural completed / ongoing with you as an investigator:

(Give these particulars in a separate sheet quoting this serial number)

SI. No.	Title of project	Source of funds & amount of Grants	PI / Co-PI (Specify)	Duration of the project	Status of the project & supporting documents
Ī					
2				_	
3				-	
4					
5					-

16 (d) Collaboration with International/National Organizations:

Cl Na	Name of the collaborative	Name of the	National /	Du	ıration
Sl. No.	activity	Collaborating Organization	International	From	То
1-					,
2					
3		v		-	
4					

Patent / Technology Transfer / Copy right / Innovation issued by Intellectual Property India, 16 (e) Patent Office, GOI: [with Supporting document](If any International Patent, kindly attach separate document)

Sl. No.	Title of patent (Invention titled)	Single / Joint Patent Holder (Specify)	Patent No. / Application No.	Date of Filing	Date of issue patent by Controller of Patent, GOI
11:					
2					
3			-		

Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop 16 (f) participated in the last 05 years: (Attach separate sheet, if space is found space is found sufficient. Also, attach documentary proof)

Sl. No.	Title	Category (Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (Internationa 1 National)	Place	Year
1					_
2			2.		
3		×			
4					
5					
6					

16 (g) Research Guideship (Guidance to Ph.D. Scholars) / Dissertation students:

SI. No.	Doctoral / Dissertation student guided successfully (Name of the student)	Research recognition Letter Issued by University for Ph.D. (Ref No. & Date)	Year of Degree awarded	Title of the Ph.D. thesis / Dissertation
ı				
2				
3				

16 (h) Seminars / Conference / Workshop / Refresher course Organised:

SI. No.	Title	Period	Place	Remarks
1				
2				
3				
4				*
5				

16 (i) Public Education Awarness campaign / Camp / commemoration / Special day organized:

Sl. No.	Name of the Program	Particulars
t		
2		THE STATE OF THE S
3		52

SI. No.	* · · · · · · · · · · · · · · · · · · ·	Title:	
113			
2			
3			
17	References: Give name & address of three profession professional work (The institute may wr capabilities)	nals in the field who are in a rite to them for a confidentia	a position to comment on your l assessment of the candidate's
SI. No.	Name & Office address of the Official	Designation	Contact No. & Official Email
1			Mobile:
_	118	ZES A ST	Email:
2	1		Mobile:
-			Email:
			Mobile:
3			
3		Street Post	Email:
	Briefly explain (within 100 words	s) how you are suitable	
	Briefly explain (within 100 words	s) how you are suitable	
	Briefly explain (within 100 words	s) how you are suitable	
	Briefly explain (within 100 words	s) how you are suitable	

CL M.	Details of Enclosure	Sl. No.		Enclose	d	Reference to
SI. No.	Details of Enclosure	to application	Yes	No	Not applicable	Annexure
1	Proof of payment of application fee `	Pg. (1)				
2	Proof of Age	4 (a)				
3	SSLC	11 (a)				
4	PUC	11 (a)				
5	Bachelor's Degree (all semester mark sheets)	11 (a)				
6	Bachelor's Degree Certificate	II (a)				
7	Master's Degree (all semester mark sheets)	11 (a)				
8	Master's Degree Certificate	11 (a)				
9	Ph.D. Certificate / Declaration of result	11 (a) & (b)				
10	RCI Registration Certificate	12				
11	Post Ph.D. Experience Certificate	13 (b)				
12	Other Experience Certificates	13 (a)	12.			
13	Details of academic teaching experience	14 (a)				
14	Details of Membership in National / International Organization	14 (b)				
15	Details of Membership in Professional Organization	14 (c)	UB.			
16	Details of Honors & Awards	14 (d)				
17	Details of Clinical Experience	15 (a), (b)				
18	Details of Protocol & Resource Manual / SOP preparation	15 (c)				
19	Details of Research Articles / Papers / Periodicals / Conference Proceedings	16 (a)				
20	Publication of Books in International / National / Policy papers	16 (b)(i)				39
21	Deatails of E - Content	16(b)(ii)	V			8
22	Details of Research Projects	16 (c)				
23	Details of Collaboration with International / National Organisations	16 (d)				
24	Deatails of Patent / Technology Transfer / Copy right / Innovation	16 (e)				
25	Presentation of Paper Presentation in conference / seminar / symposium / workshop	16 (f)				
26	Details about Research Guideship / Dissertation	16 (g)				-
27	Details of Public Education Activity	16 (g)				
28	Details of Seminars / Conference / Workshop / Refresher course Organised	16 (h)				
29	Details of Resource Material Developed if any	l6 (i)				

£.	DECLARATION
information given in this application is	true and correct to the best of my knowledge and belief. If any re may be disqualified without prejudice to any action that may be
Place:	
Date:	Candidate's Signature
	RSEMENT BY THE EMPLOYER ne candidate is presently employed)
Note: Candidates, who are in regular so given below from his / her employer.	ervice / permanent post at present, should obtain an endorsement
Ref. No	Date
onas.	
 Level in pay matrix: Ce Basic Pay: 2 DA: 5 TA: 6 Others: 6 	
Signature	of Issuing Authority:
Designation & Seal	of Issuing Authority:

FORM: B-4

Advertisement No:

06/2024 dt. 29.08.2024

Closing date.

45 days from the date of publication of advt. in the Employment News paper



Application fee paym	ent details:
Transaction ID/UTR	

Date of payment.

Amount Paid:

Recent passport size photo with self attested

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 ASSOCIATE PROFESSOR

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

DISCIPLINE: ELECTRONICS & ACOUSTICS & POST CODE:.....

PART - I (GENERAL)

2. Gender:	Male	Female	Transgender	
3. (a) Address for Communication				d Santania
	1000			
(b) Email ID			<u> </u>	
(c) Mobile Number	Post en	aim to		
(d) Aadhar No.				
(e) Permanent Address		-		
I. (a) Date of Birth	DD	MM		***
(b) Age as on last date of Application(Attach Documentary proof for DOB)(c) Place of Birth	Years	Months	Days	
5. Are you:				
(a) a citizen of India by birth and /or by dom	nicile?			
(b) If not, indicate the Nationality with documentary	y proof	_		
. Name the state to which you belong	,,,,,,,,,			10120000

7. (a) Father's Name						
(b) Father's Occupa	ation		Govt.	Private	others	
(c) Mother's Name						
(d) Mother's Occup	oation		Govt.	Private	others	
8. State whether you are Caste / Scheduled Trib			SC	ST [ОВС	
(if so, attach document	tary proof in support)		UR] _{EWS} [PwBD	
9. Have you ever been law for any offence?	n convicted by a cou	ırt of	Yes		No	
9 (a). If so, give detai	ls there of:		Case No:	-	Y	ear:
10. Present Employer of	of the candidate:		Govt.	Private	others	
(a) In case of candidate w this application sent thro'		ether	Yes	No [
(b) In case of private / address of the employe		ame &				
11. (a) Educational			***************************************	*******************************		
from university/college	e snouta de attachea	alongwu	h the applicati	OHI CATTOCH	Hacumentary r	
Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Su		Year of passing	Equivalance of percentage in case of CGPA with supporting documents
(Name of the	Percentage of				Year of	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University) SSLC / X	Percentage of				Year of	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University)	Percentage of marks obtained				Year of	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University) SSLC / X HSC / XII Diploma / PG Diploma Certificate	Percentage of				Year of	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University) SSLC / X HSC / XII Diploma / PG Diploma Certificate (if any)	Percentage of marks obtained				Year of	Equivalance of percentage in case of CGPA with supporting

Note: where ever it is not applicable make as Nil or NA. $\,$

11. (b) Title of Ph.D. Thesis	
11.(c) Date of declaration of Ph.D. Degree:	.,,
(Attach Documentary Proof)	
11. (d) Other Qualifications:	
	respect of other qualifications, other than 11 (a) above,
wherever applicable, as per the Recruitment ru	ules for respective posts)

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalance of percentage in case of CGPA with supporting documents
		-			
	9		•		
	-				

Work experience (starting from the most recent):

12 (a) (Note: if the copy of experience certificate is not enclosed then, your experience will not be counted)

Name of the employer	Designation .	Degianation	Dura	ation	Pay level (If in Govt.)	Nature of work &
(Indicate: Govt./Private)	Position		То	Emolument (Basic + DA) [If in Private]	level of responsibilities	
-					-	
		*				

[Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete]

12 (b) Teaching/Research Experience after Ph.D.:	(In Years, Months & Days)
--	---------------------------

PART - II (ACADEMIC DETAILS)

13 (a) Teaching Experience:

SI. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	То
=					× 1 2
2					
3		8			
4					
5					

13 (b) Membership in National / International Organizations: (attach documentary proof)

S1. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	То
1					
2					
3					
4					

13 (c) Membership in Professional Organizations:

St. No.	Name of the Organization	National / International	Position held if any	From	То
1	*				
2					
3	W.				
4			×		
5			_		

1		
2		
3		
4		
5		

3 (e) Other Professional training undergone, if any, and details thereof:				

PART - III (RESEARCH & PUBLICATION)

14 (a) Area of Specialization in M.E / M.Tech (Electronics):	14 (a)	Area of Specialization in M.E / M.Tech ((Electronics):
--	--------	--	----------------

Research Articles/Papers published in Journals/Periodicals / Conference Proceedings / News Papers: (Attach separate sheet, if space is found insufficient with documentary proof)

SI. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No	International / National	Impact Factor
1						
2						
3						
4						
5						

14 (c) Publications (other than Research Paper)

Books / Policy papers:

Sl. No.	Title of the Book(s) with page No.	ISBN/ ISSN No.	Issue & Year of publicaiton		National / Inter national Books (Specify)
1				22	
2			9.		
3					
4			C		
5			S.		

14 (d) *E-Content*:

SI. No.	Title of E-Content for a complete course/e-book	URL Link / QR code / ISBN/ ISSN No./Link if any	Main Author / Co-Author (speify)
Ĺ			
2			
3			
4			
5	34.		

14 (e) Research Projects Intramural & Extramural completed / ongoing with you as an investigator:

(Give these particulars in a separate sheet quoting this serial number)

SI. No.	Title of project	Source of funds & amount of Grants	PI / Co-PI (Specify)	Duration of the project	Status of the project & supporting documents
1					
2					
3				~	- 1
4		TO.			
5					

14 (f) Collaboration with International / National Organizations:

SI. No.	Name of the collaborative	Name of the Collaborating	National /	Duration		
51. 140,	activity	Organization	International	From	То	
1	*	•	::			
2			3			
3						
4		-				

Patent / Technology Transfer / Copy right / Innovation issued by Intellectual Property India, 14 (g) Patent Office, GOI: [with Supporting document](If any International Patent, kindly attach separate document)

Sl. No.	Title of patent (Invention titled)	Single / Joint Patent Holder (Specify)	Patent No. / Application No.	Date of Filing	Date of issue patent by Controller of Patent, GOI
1					
2		_			

Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop 14 (h) participated in the last 10 years: (Attach separate sheet, if space is found space is found sufficient. Also, attach documentary proof)

Sl. No.	Title	Category (Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (Internationa 1 National)	Place	Year
1					
2					
3					
4					h .

14 (i) Research Guideship (Guidance to Ph.D. Scholars) / Dissertation students:

SI. No.	Doctoral / Dissertation student guided successfully (Name of the student)	Research recognition Letter Issued by University for Ph.D. (Ref No. & Date)	Year of Degree awarded	Title of the Ph.D. thesis / Dissertation
1				
2				
3				

References:

Give name & 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)

SI. No.	Name & Office address of the Official	Designation	Contact No. & Official Email
1			Mobile:
			Email:
2			Mobile:
	47		Email:
3			Mobile:
			Email:

16 Briefly explain (within 100 words) how you are suitable for this position.

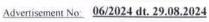
			•
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1			
1			
1			
1			

Checklist:

SI. No.	Details of Fuel-	Sl. No. Reference	Enclosed			Reference to
SI. INO.	Details of Enclosure	to application	Yes	No	Not applicable	Annexure
1) -	Proof of payment of application fee	Pg. (1)				
2	Proof of Age	4 (a)				
3	SSLC	11 (a)				
4	PUC	11 (a)				
5	Bachelor's Degree (all semester mark sheets)	11 (a)				
6	Bachelor's Degree Certificate	11 (a)				
7	Master's Degree (all semester mark sheets)	11 (a)				
8	Master's Degree Certificate	11 (a)				
9	Ph.D. Certificate / Declaration of result	11 (a) & (b)	ŧſ			
10	Post Ph.D. Experience Certificate	12(b)				
ΪĬ	Other Experience Certificates	12 (a)				
12	Details of academic teaching experience	13 (a)				
13	Details of Membership in National / International Organization	13 (b)				
14	Details of Membership in Professional Organization	13 (c).				
15	Details of Honors & Awards	13 (d)	32			
16	Details of Professional Training undergone	13 (e)				
17	Details of Research Articles / Papers / Periodicals / Conference Proceedings	14 (b)				
18	Publication of Books in International / National / Policy papers	14 (c).				×
19	Deatails of E - Content	14 (d)				
20	Details of Research Projects	14 (e)				
21	Details of Collaboration with International / National Organisations	14 (f)				_:ie
	Deatails of Patent / Technology Transfer / Copy right / Innovation	14 (g)				
	Presentation of Paper Presentation in conference / seminar / symposium / workshop	14 (h)				
24	Details about Research Guideship / Dissertation	14 (i)				

• DECLARAT	ION
I,information given in this application is true and correct information is found false, my candidature may be disqual taken under the rules.	to the best of my knowledge and belief. If any
Place:	
Date:	Candidate's Signature
ENDORSEMENT BY TH (where the candidate is pre	
Note: Candidates, who are in regular service / permanent given below from his / her employer.	t post at present, should obtain an endorsement
Ref. No	Date
Mr./ Mrs./ Ms./ Dr	g nation) and is at present employed as tion) w.e.f: and is a Permanent if selected, without any delay. His / Her present
DA:TA:Others:	
Signature of Issuing Authority	y:
Designation & Seal of Issuing Authorit	y:

FORM: C-1



Closing date: 45 days

45 days from the date of publication of advt. in the Employment News paper



Application fee payn	ient details:
Transaction ID/UTR	
Date of payment:	

Recent passport size photo with self attested

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

Amount Paid:

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

APPLICATION FOR THE POST OF ASSISTANT PROFESSOR

(FILL UP SEPARA	ATE APPLIC	CATION FORM FO	OR EACH POST)	
DISCIPLINE:			& POST C	ODE:
	<u>PART - I</u>	(GENERAL)		
1. Name of the Candidate (BLOCK LETTE Mr. / Mrs. / Ms. / Dr.	ERS)			
2. Gender:	Male	Female	Transgender	
3. (a) Address for Communication				
*	30010000			
			7	
(b) Email ID	-	100		18
(c) Mobile Number				
(d) Aadhar No.				
(e) Permanent Address				

4. (a) Date of Birth	DD	MM	YYYY	
	-			
(b) Age as on last date of Application(Attach Documentary proof for DOB)(c) Place of Birth	Years	Months	Days	
5. Are you:				
(a) a citizen of India by birth and /or by dom	icile?			
(b) If not, indicate the Nationality with documentary	proof			
6. Name the state to which you belong	:00000			

7. (a) Father's Name						
(b) Father's Occupa	tion		Govt.	Private	others	
(c) Mother's Name						
(d) Mother's Occup	ation	,	Govt.	Private	others	
8. State whether you are Caste / Scheduled Trib			SC	ST [OBC	±
(if so, attach document	ary proof in support)		UR	EWS	PwBD	
9. Have you ever been law for any offence?	convicted by a cou	ert of	Yes		No	
9 (a). If so, give detail	s there of:		Case No:		Y	ear:
10. Present Employer o	f the candidate:		Govt.	Private	others	
(a) In case of candidate w this application sent thro'	_	ether	Yes	No [
(b) In case of private / address of the employe		ame &	***************************************			
(Note: Percentage show university / board (as a from university/college Examination (Name of the Board/University)	warded in Degree C	ertificat	e & the copy	of percentage ation).(Attack	conversion cer	tificate received
SSLC / X						-
HSC / XII						
Diploma / PG Diploma Certificate (if any)						
Bachelor Degree						
Master Degree	N		12			
Ph.D						

Note: where ever it is not applicable make as Nil or NA.

11. (b) Title of Ph.	.D. Thesis		14.1	***************************************	inimininininini			
						1		
11.(c) Date of decla		h.D. Deg	ree:					
(Attach Documenta								
11. (d) Other Quali (Note: Sufficient inj wherever applicable	formation t						tions, other tl	ian 11 (a) above,
Course / Examination		ntage of obtained	CGPA	Ma	jor Subje	ects	Year of passing	Equivalance of percentage in case of CGPA with supporting documents
		8					>	
12 PCL/CAHP	Devletnot	- doto	Tay (att	-1- 400	tom			
12. RCI / CAHP I			<u>ls</u> : (au	ach doc	umentary	y pro ot,)	
Date of Issue of Co				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			
Validity of the Cer		ll:		***********			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Work exper 13 (a) (Note: if the counted)		_	m the	most re				nce will not be
Name of the en	nnlover	Designa	ation /	Dura	ation	(If	ay level in Govt.)	Nature of work &
(Indicate: Govt./	- •	Posit		From	То	(Ba	nolument asic + DA) in Private]	Level of responsibilities
								*
2								
In 1								

[Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete]

13 (b)	Teaching /	Research Experience after	Ph.D.:	. (In	Years.	Months &	Davs)
--------	------------	---------------------------	--------	-------	--------	----------	-------

PART - II (ACADEMIC DETAILS)

14 (a) Teaching Experience:

SI. No.	UG / PG	Name of the Institute / Organization	Courses handeled	From	То
1	,				
2		×			
3			OF JACK		
4					

14 (b) Membership in National / International / Professional Organizations:

SI. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	То
1					189
2					260
3-					

I				
2				
3				
3				
4	*			
	PART - 1	III (CLINICAL EXI	PERIENCE)	
			I DREET (OZ)	
15 (a) A	Area of Specialization:			
15 (b) /	Provide the details of Clinca	I work assigned & con	umlatad.	
10 (0, _	TOTAL LIST HERBISO OF STORES	Name of the		
SI. No.	Name of the Organization	Outpatient / Special Unit	No. of hours assigned per week	Total hours actually engaged
1		Le The A	UAI	
2				31
		33,744		
7				
3	*			(0)
3 4				.0
				79
4	Protocol and Resource Man	ual prepared:(if any p	provide the complete de	
4	Protocol and Resource Mani	ual prepared:(if any p	provide the complete de	
4	Protocol and Resource Mani	ual prepared:(if any p	provide the complete de	

PART - IV (RESEARCH ACTIVITIES)

Research Articles/Papers published in Journals/Periodicals / Conference Proceedings/News Papers:(Attach separate sheet, if space is found insufficient with documentary proof)

SI. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No.	International / National	Impact Factor
1						
2						
3						
4		nr sac		E1 =		
5						

Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop 16 (b) participated: (Attach separate sheet, if space is found space is found sufficient. Also, attach documentary proof)

Sl. No.	Title	Category (Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (Internationa 1 / National)	Place	Year
1					
2					
3	=				
4					

SI. No.		Title:	
1			
			K
2			
3			
17	References: Give name & address of three profession professional work (The institute may wr capabilities)		
l. No.	Name & Office address of the Official	Designation	Contact No. & Officia Email
1			Mobile:
	1316	Carried Lin	Email:
2	13/57		Mobile:
	13 13		Email:
3			Mobile:
			Email:
18	Briefly explain (within 100 words) he	ow you are suitable for th	is position.
			- 9

Checklist:

		Sl. No.	1	Enclose	ed	Deferre
SI. No.	Details of Enclosure	Reference to application	Yes	No	Not applicable	Reference to Annexure
1	Proof of payment of application fee	Pg. (1)				
2	Proof of Age	4 (a)				
3	SSLC	II (a)				
4	PUC	11 (a)				
5	Bachelor's Degree (all semester mark sheets)	11 (a)				
6	Bachelor's Degree Certificate	11 (a)				
7	Master's Degree (all semester mark sheets)	11 (a)				
8	Master's Degree Certificate	11 (a)				
9	Ph.D. Certificate / Declaration of result	11 (a) & (b)				
10	RCI Registration Certificate	12		7		
11	Post Ph.D. Experience Certificate	13 (b)	37			
12	Other Experience Certificates	13 (a)				
13	Details of academic teaching experience	14 (a)				
14	Membership in National / International / Professional Organization	14 (b)				
15	Details of Honors & Awards	14 (c)				
16	Details of Clinical Experience	15 (a), (b)				+1
17	Details of Protocol & Resource Manual / SOP preparation	15 (c)				
18	Details of Research Articles/Papers published in Journals	16 (a)				
	Details of Publication of Paper Presentation in conference / seminar / symposium / workshop	16 (b)				0.
20	Details about Materials/Audio/Video resource Developed/Major contribution to the concerned field	16 (c)				

DECLARATION
I, hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If an 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
Mr./ Mrs./ Ms./ Dr
employee in this office / Institute. He / She will be relieved if selected, without any delay. His / Her present salary structure is as below.
Level in pay matrix: Cell:
Basic Pay: as onDA:
• TA:
• Others:
Signature of Issuing Authority:
Designation & Seal of Issuing Authority:

FORM: C-2

Advertisement No. 06/2024 dt. 29.08.2024

Closing date:

45 days from the date of publication of advt. in the **Employment News paper**



Application fee payn	nent details:
Transaction ID/UTR	
Date of payment:	***************************************
Amount Paid:	

Recent passport size photo with self attested

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 ASSISTANT PROFESSOR

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

DISCIPLINE: ENT & POST CODE:....

PART - L(CENERAL)

	IAKI - I	(OLIVERAL)		
1. Name of the Candidate (BLOCK LETT Mr. / Mrs. / Ms. / Dr.	ERS)			
2. Gender:	Male	Female	Transgender	
3. (a) Address for Communication				
	274194			
				······

	Anada a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(b) Email ID			-	
(c) Mobile Number				
(d) Aadhar No.				н б
(e) Permanent Address		***************************************		

				54 277-277-277-277-24
				-
4. (a) Date of Birth	DD	MM	YYYY	
	<u> </u>			
(b) Age as on last date of Application (Attach Documentary proof for DOB)	Years	Months	Days	
(c) Place of Birth				
5. Are you:				
(a) a citizen of India by birth and /or by don	nicile?			
(b) If not, indicate the Nationality with documentary	y proof			
6. Name the state to which you belong				

7. (a) Father's Name						
(b) Father's Occup	ation		Govt.	Private	others	
(c) Mother's Name						
(d) Mother's Occuj	pation	V	Govt.	Private	others	
8. State whether you are Caste / Scheduled Tril			sc	ST _	ОВС	
(if so, attach documen	tary proof in support)		UR	EWS	PwBD	
9. Have you ever bee law for any offence?	n convicted by a co	urt of	Yes		No	
9 (a). If so, give detail	ls there of:		Case No:		Y	ear:
10. Present Employer of	of the candidate:		Govt.	Private	others	
(a) In case of candidate was application sent thro' prop		ether this	Yes] No [
(b) In case of private / address of the employe		ame &	······			
Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Su		Year of passing	Equivalance of percentage in case of CGPA with supporting documents
SSLC / X						
HSC / XII	P					
Diploma / PG Diploma Certificate (if any)						4
Bachelor Degree (MBBS)						
Master Degree M.S. (ENT)						
Any equivalent degree to MS (ENT) recognized						

by MCI / NMC

11.(b) Details of t	the Instit	tute/Unv	viersit	y studio	ed from	Degree leve	el:	
Degree obtained from	which Coll	ege / Univ	ersity:				***************	
Masters Degree obtain	ed from wh	ich Colleg	ge/Unive	ersity:				21 277, 772, 1 22 40, 772, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
whether the above said Ins	stitutes have t	he approval	of MCI	or Not?	Yes	No		
Date of declaration	of M.S (E	NT).:						
11. (c) Other Qualif (Note: Sufficient info wherever applicable,	ormation t						other th	an 11 (a) above,
Course / Examination		itage of obtained	CGPA	Ma	jor Subje	cts	ar of	Equivalance of percentage in case of CGPA with supporting documents
		9	<u></u>					
11. (d) MCI/NMO	C/SMC F	Registra	tion d	etails:				
MCI/NMC/SMC Re	gistration	No:						***************************************
Date of Issue of Cer	tificate:							
Validity of the MCI/	NMC/SM	C Certific	cate:					
Work exper 12 (a) (Note: if the counted)	`	C				ed then, your o	experie	nce will not be
Name of the em	nlover	Design	ation /	Dura	ation	Pay leve (If in Gov		Nature of work &
(Indicate: Govt./		Posi		From	То	Emolumei (Basic + D [[f in Priva	A)	level of responsibilities
								()
							**	
			136					

[Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete]

	<i>m</i>		II (AC	ADEMIC	DETAILS)		
(a)	Teaching E	xperience:					
No.	UG/PG	Name of the Ins / Organization		Course	s handeled	From	То
1							
2							
3		//	33				
4		(18)	all.				
					Control of the contro		
3 (b)	Membershij	o in National / In	ternatio	onal / Prof	essional Organi	zations:	
		o in National / In	Na Inte	onal / Profestional / rnational pecify)	Position held (if any)	zations:	То
			Na Inte	ntional /	Position held		То
. No.			Na Inte	ntional /	Position held		То
No.			Na Inte	ntional /	Position held		То

2	*	×		
3				
4				
	PART -	III (CLINICAL EX	PERIENCE)	
14 (a)	Area of Specialization			
1 τ (α)	Area of Specialization:			*************
14 (b)	Provide the details of Clincal	l work assigned & col	mpleted:	
il. No.	Name of the Organization	Name of the Outpatient / Special Unit	No. of hours assigned per week	Total hours actually engage
1	1			
2				
\rightarrow		S Ilyacan S		
3				
3				
4				
5	Protocol and Resource Many	al proparade (if any pa	youida tha agual to de	
5	Protocol and Resource Manu	al prepared:(if any pr	ovide the complete de	tails)
5	Protocol and Resource Manu	al prepared:(if any pr	rovide the complete de	tails)
5	Protocol and Resource Manu	al prepared:(if any pr	rovide the complete de	tails)

PART - IV (RESEARCH ACTIVITIES)

Research Articles/Papers published in UGC-CARE/NMC approved Journals: (Attach separate sheet, if space is found insufficient)

SI. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No	International / National	lmpact Factor
1						
2	,					
3	а.	4:				
4			129			
5						

Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop 15 (b) participated: (Attach separate sheet, if space is found space is found sufficient. Also, attach documentary proof)

SI. No.	Title	Category (Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (International / National)	Place	Year
· į					
2					
3					
4					
4					

15 (c) Resource Materials / Audio/Video resource Developed for Public Education:

Sl. No.	<u>Title:</u>	
4	Α	
1		
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2		
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4		
		<u> </u>

Give name & 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)

SI. No.	Name & Office address of the Official	Designation	Contact No. & Official Email
1	15/10		Mobile: Email:
2			Mobile: Email:
3		Prince 23	Mobile: Email:

17 Briefly explain (within 100 words) how you are suitable for this position.

01.5:	Datails of Englasure	SI. No.	I	Enclose	ed	Reference to
SI. No.	Details of Enclosure	to application	Yes	No	Not applicable	Annexure
1	Proof of payment of application fee	Pg. (1)				
2	Proof of Age	4 (a)				
3	SSLC	H (a)				
4	PUC	H (a)				
5	Bachelor's Degree (all semester mark sheets)	lt(a)				
6	MBBS Degree Certificate	11 (a)				
7	Master's Degree (all semester mark sheets)	11 (a)				
8	M.S (ENT) Degree Certificate	11 (a)				1
9	Details about Univesity / Institution studied from Bachelors level	11 (b)				
10	M.S (ENT) Certificate / Declaration of result	11 (a) & (b)				
11	MCI / NMC/SMC Registration Certificate	11 (d)				
12	Details of Teaching / Research Experience Certificate	12 (b)				
13	Work Experience Certificates	12 (a)				
14	Details of academic teaching experience	13 (a)				
15	Membership in National / International / Professional Organization	13 (b)				
16	Details of Honors & Awards	13 (c)				
17	Details of Clinical Experience	l4 (a), (b)				
18	Details of Protocol & Resource Manual / SOP preparation	14 (c)				
19	Details of Research Articles/Papers published in UGC-CARE/NMC approved journals	15 (a)				
20	Details of Paper Presentation in conference / seminar / symposium / workshop	15 (b)				
21	Details of Resource Material Developed if any	15 (c)				

	DECLARATION
information given in this application	hereby declare that the n is true and correct to the best of my knowledge and belief. If any dature may be disqualified without prejudice to any action that may be
Place:	
Date:	Candidate's Signature
	OORSEMENT BY THE EMPLOYER re the candidate is presently employed)
Note: Candidates, who are in regulogiven below from his / her employer.	ar service / permanent post at present, should obtain an endorsement
Ref. No	Date
onas	"
 Level in pay matrix: Basic Pay: DA: TA: Others: 	as on
Signat	ure of Issuing Authority:
Designation & S	Seal of Issuing Authority:

FORM: C-3

Advertisement No. 06/2024 dt. 29.08.2024

Closing date:

45 days from the date of publication of advt. in the **Employment News paper**



Application fee payn	ient details:
T ID/LITE	
Transaction ID/UTR	

Date of payment:

Amount Paid:

Recent passport size photo with self attested

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 ASSISTANT PROFESSOR

(FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

DISCIPLINE: ELECTRONICS & POST CODE:.....

PART - I (GENERAL)

1. Name of the Candidate (BLOCK LETT Mr. / Mrs. / Ms. / Dr.	ERS)			
2. Gender:	Male	Female	Transgender	
3. (a) Address for Communication	in .			
4				
	1184		+	

(b) Email ID	22		97	
(c) Mobile Number	NEW 1	and Co		
(d) Aadhar No.				
(e) Permanent Address	***************************************		E)	

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
			<u></u>	
4. (a) Date of Birth	DD	MM	YYYY	
(b) Age as on last date of Application	Years	Months	Days	
(Attach Documentary proof for DOB)(c) Place of Birth				
5. Are you:	***************************************	***************************************		
(a) a citizen of India by birth and /or by dom	nicile?			
(b) If not, indicate the Nationality with documentary	proof sames			
6. Name the state to which you belong	*********			

7. (a) Father's Name						
(. (a) I alliel 5 Ivallie						<u> </u>
(b) Father's Occupa	ation		Govt.	Private	others	
(c) Mother's Name						
(d) Mother's Occup	ation	V	Govt.	Private	others	
8. State whether you are Caste / Scheduled Trib			SC	ST	ОВС	
(if so, attach document	ary proof in support)		UR	EWS	PwBD	
9. Have you ever been law for any offence?	n convicted by a cou	rt of	Yes		No	
9 (a). If so, give detail	s there of:		Case No	:	Y	ear:
10. Present Employer o	f the candidate:		Govt.	Private	others	
(a) In case of candidate was application sent thro' prop		ether this	Yes	No [
(b) In case of private / c address of the employer		ime &	19			
11. (a) Educational	Qualification:					
from university/college	snouta de attachea	atonewt	<i>tn tne appuc</i>			
Examination (Name of the Board/University)	Percentage of marks obtained	CGPA		Subjects	Year of passing	Equivalance of percentage in case of CGPA with supporting documents
(Name of the	Percentage of				Year of	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University)	Percentage of				Year of	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University) SSLC / X	Percentage of				Year of	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University) SSLC / X HSC / XII Diploma / PG Diploma Certificate	Percentage of				Year of	Equivalance of percentage in case of CGPA with supporting
(Name of the Board/University) SSLC / X HSC / XII Diploma / PG Diploma Certificate (if any)	Percentage of				Year of	Equivalance of percentage in case of CGPA with supporting

11. (b) Title of Ph.D. Thesis	
11.(c) Date of declaration of Ph.D. Degree:	5
(Attach Documentary Proof)	
11. (d) Other Qualifications:	
(Note: Sufficient information to be provided in	respect of other qualifications, other than 11 (a) above,
wherever applicable, as per the Recruitment ru	

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalance of percentage in case of CGPA with supporting documents
	- 2				
	1/3		A CALL		
	·		103017 27 12	,	

Work experience (starting from the most recent):

12 (Note: if the copy of experience certificate is not enclosed then, your experience will not be counted)

Name of the employer	Designation /	esignation / Duration		Pay level (If in Govt.)	Nature of work &	
(Indicate: Govt./Private)	Position	From	То	Emolument (Basic + DA) [If in Private]	level of responsibilities	
		-				
	-					

[Note: Copy of recent pay slip / last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which, the application shall be treated as incomplete]

PART - II (ACADEMIC DETAILS)

13. (a) Teaching Experience:

SI. No.	UG / PG	Name of the Institute / Organization	Courses handeled	From	То
1					
2	-			7	
3	=				
4				-	
5_					

13. (b) Membership in National / International Organizations: (attach documentary proof)

SI. No.	Name of the Organization	National / International (Specify)	Position held (if any)	From	То
1			4		
2					
3					
4					

13. (c)	Membership	in	Professional	Organizations:
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Sl. No.	Name of the Organization	National / International	Position held if any	From	То
1	4				
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3					
4					
5					

13. (d)	Honors	&	Awards:
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13 (e) Other Professional training undergone, if any, and details thereof:

	*	(6)

PART - III (RESEARCH & PUBLICATION)

Research Articles/Papers published in Journals/Periodicals / Conference Proceedings / News Papers:(Attach separate sheet, if space is found insufficient with documentary proof)

SI. No.	Title of the paper Author(s) & Year of Publication	Main Author/ Co-Author	Name of the Journal	Volume & Page No	International / National	Impact Factor
1			=-		-	
2					î.	
3			-			
4	#c	18				
5	45					
6						

Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop 14. (b) participated: (Attach separate sheet, if space is found space is found sufficient. Also, attach documentary proof)

Sl. No.	Title	Category (Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (International / National)	Place	Үеаг
1					
2					
3					

l (c)	Resource Materials / Audio/V contribution to the concerned	ideo resource Developed field:	/ major
. No.		<u>Title:</u>	
1			
2	3.	, ac.	4
3			
	References:	建煤粉	
5	References: Give name & address of three profess professional work (The institute may reapabilities) Name & Office address of the Official	ionals in the field who are in a write to them for a confidential Designation	position to comment on your assessment of the candidate's Contact No. & Officia Email
No.	Give name & address of three profess professional work (The institute may a capabilities) Name & Office address of the	vrite t o them for a confidential	assessment of the candidate's Contact No. & Officia
No.	Give name & address of three profess professional work (The institute may a capabilities) Name & Office address of the	vrite t o them for a confidential	Contact No. & Officia Email
No.	Give name & address of three profess professional work (The institute may a capabilities) Name & Office address of the	vrite t o them for a confidential	Contact No. & Officia Email Mobile:
No.	Give name & address of three profess professional work (The institute may a capabilities) Name & Office address of the	vrite t o them for a confidential	Contact No. & Officia Email Mobile: Email: Mobile: Email:
5	Give name & address of three profess professional work (The institute may a capabilities) Name & Office address of the	vrite t o them for a confidential	Contact No. & Officia Email Mobile: Email: Mobile: Email: Mobile:
No.	Give name & address of three profess professional work (The institute may a capabilities) Name & Office address of the	vrite t o them for a confidential	Contact No. & Officia Email Mobile: Email: Mobile: Email:
No.	Give name & address of three profess professional work (The institute may reapabilities) Name & Office address of the Official	Designation	Contact No. & Officia Email Mobile: Email: Mobile: Email: Mobile: Email: Email:
10.	Give name & address of three profess professional work (The institute may a capabilities) Name & Office address of the	Designation	Contact No. & Officia Email Mobile: Email: Mobile: Email: Mobile: Email: Email:
No.	Give name & address of three profess professional work (The institute may reapabilities) Name & Office address of the Official	Designation	Contact No. & Officia Email Mobile: Email: Mobile: Email: Mobile: Email: Email:

17 Checklist:

Sl. No.	Details of Enclosure	SI. No.		Enclose	ed	Reference to
SI. NO.	Details of Enclosure	to application	Yes	No	Not applicable	Annexure
1.	Proof of payment of application fee	Pg. (1)				
2	Proof of Age	4 (a)				
3	SSLC	11 (a)				
4	PUC	11 (a)				
5	Bachelor's Degree (all semester mark sheets)	11 (a)				
6	Bachelor's Degree Certificate	II (a)				
7	Master's Degree (all semester mark sheets)	11 (a)				
8	Master's Degree Certificate	11 (a)				
9	Ph.D. Certificate / Declaration of result	11 (a) to (c)				
11	Other Experience Certificates	12				
12	Details of academic teaching experience	13 (a)				
13	Details of Membership in National / Internatinal Organization	13 (b)				
14	Details of Membership in Professional Organization	13 (c)				
15	Details of Honors & Awards	13 (d)				
16	Details of other Professional training undergone	13 (e)				н
17	Details of Research Articles / Papers / Periodicals / Conference Proceedings	14 (a)				
23	Presentation of Paper Presentation in conference / seminar / symposium / workshop	14 (b)				
24	Resource Materials / Audio/Video resource Developed/ major contribution to the concerned field:	14 (c)				ie.

*	DECLARATION
information	given in this application is true and correct to the best of my knowledge and belief. If any is found false, my candidature may be disqualified without prejudice to any action that may be the rules.
Place:	
Date:	Candidate's Signature
-	ENDORSEMENT BY THE EMPLOYER (where the candidate is presently employed)
Note: Candio given below j	idates, who are in regular service / permanent post at present, should obtain an endorsement from his / her employer.
Ref. No	Date
employee in	Mrs./ Ms./ Dr. joined at this Institute
BasicDA:TA:	in pay matrix: Cell: Pay: as on series of the control of the contr
	Signature of Issuing Authority:
	Designation & Seal of Issuing Authority: