



ಅಖಿಲ ಭಾರತ ವಾಕ್ ಶ್ರವಣ ಸಂಸ್ಥೆ-೫೨೦೦೦೬

अखिलभारतीय वाक् 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](http://www.aiishmysore.in)

## ADVERTISEMENT FOR TEACHING POSITIONS

ವಿಜ್ಞಾನಸಂಖ್ಯೆ/ ADVERTISEMENT No. 06/2024

दिनांक/Dated: 29.08.2024

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.*

AIISH, 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	OBC - 03	Level 13 [123100 – 215900]	A-1
2	Professor	Speech / Lang. Pathology / Speech Sciences	01			
3	Professor	ENT	01			
4	Associate Professor	Speech / Lang. Pathology / Speech Sciences	02	UR – 06, OBC – 03, SC – 02 & ST - 01	Level 12 [78800 – 209200]	B-1
5	Associate Professor	Audiology	02			
6	Associate Professor	Electronics & Acoustics	01			
7	Associate Professor	Special Education	01			
8	Associate Professor	Clinical Psychology	01			
9	Associate Professor	Speech Sciences	03			
10	Associate Professor	ENT	01			
11	Associate Professor	Language Pathology	01			
12	Assistant Professor	ENT	01	UR – 02, EWS – 01, OBC – 02, SC – 01 & ST - 01	Level 11 [67700 – 208700]	C-2
13	Assistant Professor	Clinical Psychology	01			
14	Assistant Professor	Electronics	01			
15	Assistant Professor	Speech Sciences	02			
16	Assistant Professor	Language Pathology	01			
17	Assistant Professor	Speech / Lang. Pathology	01			

**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 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 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**

Sl. No.	Method of Recruitment: 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
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 students b) 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 students b) Publication in National and International Journals.

**For Post Code 6: Associate Professor in Electronics & Acoustics**

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.		<p>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)</p> <p>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.</p>
5.	Desirable Qualification	<p>a) Experience of guiding doctoral students</p> <p>b) Publication in National and International Journals.</p>

**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
4.	Essential Qualification	<p>a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline.</p> <p>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.</p> <p>c) Valid RCI registration in the relevant discipline.</p>
5.	Desirable Qualification	<p>a) Experience of guiding doctoral students</p> <p>b) Publication in National and International Journals.</p>

**For Post Code 8: Associate Professor in Clinical Psychology**

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
4.	Essential Qualification	<p>a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline.</p> <p>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 and a minimum of 5 publications as books and / or research / policy papers.</p> <p>c) Valid RCI registration in the relevant discipline.</p>
5.	Desirable Qualification	<p>a) Experience of guiding doctoral students</p> <p>b) Publication in National and International Journals.</p>

**For Post Code 9: Associate Professor in Speech Sciences**

Sl. No.	Method of Recruitment: 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	<p>a) Master's Degree in the relevant discipline with at least 55% marks and a Ph.D. Degree in the concerned discipline.</p> <p>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.</p> <p>c) Valid RCI registration in the relevant discipline.</p>
5.	Desirable Qualification	<p>a) Experience of guiding doctoral students</p> <p>b) Publication in National and International Journals.</p>

**For Post Code 10: Associate Professor in ENT**

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
4.	Essential Qualification	<p>a) MS (ENT) or an equivalent degree recognized by the Medical Council of India / National Medical Commission.</p> <p>b) The candidate must have valid registration with the State Medical Council/ MCI/ NMC.</p> <p>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.</p> <p>d) Five research publications in UGC-CARE/ NMC approved journals.</p>
5.	Desirable Qualification	<p>a) Experience of guiding PG / doctoral students</p> <p>b) Successfully completed / ongoing Extramural / Intramural research projects (s)</p>

**For Post Code 11: Associate Professor in Language Pathology**

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
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 students b) Publication in National and International Journals.

**For Post Code 12: Assistant Professor in ENT**

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) 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: Assistant Professor in Clinical Psychology**

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 equivalent b) 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 equivalent b) 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 equivalent b) 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:**

1. Date of commencement of offline application : 02.09.2024
2. Last date of receipt of hard copy of duly submitted online applications along with all self-attested copies. (compulsory) at this Institute. : 45 days from the date of publication in the 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.
- 2 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.



- 3 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.**
- 4 The qualifications prescribed should have been awarded by a recognized Universities/ Institutions.
- 5 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.
- 6 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.**
- 7 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 Employees Under Disciplinary Proceedings:  
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 incomplete and would stand rejected.**
- 12 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](http://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.
  - 15 **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.
  - 16 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.,
  - 17 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.**
- 20 **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.**
- 21 **Canvassing in any form and/or bringing influence of any kind will be treated as a disqualification for the post.**
- 22 **Wrong declarations / submissions of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage.**
- 23 **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.**
- 24 **The appointment of the selected candidates is subject to being found medically fit as per the requirements of the Institute.**
- 25 **The Institute also reserves the right to empanel / waitlist candidate(s) for future vacancies.**
- 26 **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.**
- 27 **No Interim enquiries about the recruitment status will be entertained.**
- 28 **Applications in respect of candidates involved in criminal court cases will not be entertained.**
- 29 **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.**
- 30 **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](http://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. / UTR 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



Merchant Name : AIISH



Payee VPA : aishmysore@barodampay



#### 2. Payment thro' NEFT:

1.	BENEFICIARY NAME & POSTAL ADDRESS	DIRECTOR ALL INDIA INSTITUTE OF SPEECH & HEARING, MANASAGANGOTTHRI, MYSORE 570 006
2.	NAME OF THE BANK BRANCH NAME WITH COMPLETE ADDRESS	BANK OF BARODA AIISH BRANCH, NAIMISHAM CAMPUS MANASAGANGOTTHRI, 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 (Transaction ID/ UTR reference no. and date of payment).

**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**



**Application fee payment details:**

Transaction ID/UTR: .....

Date of payment: .....

Amount Paid: .....

Recent passport size photo with self attested

Advertisement No: **06/2024 dt. 29.08.2024**  
 Closing date: **45 days from the date of publication of advt. in the Employment News paper**

**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 CODE:.....**

**PART - I (GENERAL)**

1. Name of the Candidate (BLOCK LETTERS) .....

Mr. / Mrs. / Ms. / Dr.

2. Gender: Male  Female  Transgender

3. (a) Address for Communication .....

.....

.....

.....

.....

(b) Email ID

(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 .....

5. Are you:

(a) a citizen of India by birth /or by domicile? .....

(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

Govt.  Private  others

Govt.  Private  others

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

SC  ST  OBC

(if so, attach documentary proof in support)

UR  EWS  PwBD

9. Have you ever been convicted by a court of law for any offence?

Yes  No

9 (a). If so, give details there of:

Case No: ..... Year: .....

10. Present Employer of the candidate:

Govt.  Private  others

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

Yes  No

(b) In case of private / others, indicate the name & address of the employer:

11. (a) Educational Qualification:

*(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application). (Attach Documentary proof)*

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents
SSLC / X					
HSC / XII					
Diploma / PG Diploma Certificate (if any)					
Bachelor Degree					
Master Degree					
Ph.D					

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:

(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

12. RCI / CAHP Registration details: (attach documentary proof)

RCI / CAHP Registration No:

.....

Date of Issue of Certificate:

.....

Validity of the Certificate till:

.....

**Work experience (starting from the most recent):**

13 (a)

*(If the copy of experience certificate is not enclosed then, your experience will not be counted)*

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

[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 & Days)

**PART - II (ACADEMIC DETAILS)**

14 (a) **Teaching Experience:**

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	To
1					
2					
3					
4					
5					

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

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

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

--

14 (c) **Membership in Professional Organizations:**

Sl. No.	Name of the Organization	National / International (Specify)	Position held if any	From	To
1					
2					
3					
4					
5					

14 (d) **Honors & Awards:**

1	
2	
3	
4	
5	

**PART - III (CLINICAL EXPERIENCE)**

15 (a) **Area of Specialization:** .....

15 (b) **Provide the details of Clinical 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				
3				
4				

15 (c) *Protocol and Resource Manual prepared:(if any provide the complete details with documentary proof)*


**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)*

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							

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

(i) ***International /National Publication:***

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)
1					
2					
3					
4					
5					

(ii) ***Chapter in Edited Books:***

Sl. No.	Title of the Book(s) with page No.	Inter national / National (Speify)	ISBN/ ISSN No.	Issue & Year of publicaiton	Single Author (or) Multiple author: main author / Co-author (speify properly)
1					
2					
3					
4					
5					

(iii) **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			

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

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

Sl. 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					

16 (d) ***Collaboration with International / National Organizations:***

Sl. No.	Name of the collaborative activity	Name of the Collaborating Organization	National / International	Duration	
				From	To
1					
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)***

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					
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)**

Sl. No.	Title	Category (Paper Presentation / Conference / Seminar/ Symposium / work shop)	Category (International / National)	Place	Year
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**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				
4				
5				



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

Sl. No.	Title	Period	Place	Remarks
1				
2				
3				
4				
5				

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

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

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

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

**References :**

- 17 *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
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

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

--

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			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	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				
11	Post Ph.D. Experience Certificate	13 (b)				
12	Other Experience Certificates	13 (a)				
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)				
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 Publishers	16 (b)(i)				
21	Details of Book Editorial	16(b)(ii)				
22	Deatails of E - Content	16(b)(iii)				
23	Details of Research Projects	16 (c)				
24	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)				
27	Details about Research Guideship/Dissertation students	16 (g)				
28	Details of Seminars/Conference/Workshop/ fresher course Organised	16 (h)				
29	Details of Public Education Activity	16 (i)				
30	Details of Resource Material Developed if any	16 (j)				

**DECLARATION**

I, ..... hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any 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. .... Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on.....as.....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent 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 on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....

**FORM: A-2**



**Application fee payment details:**

Transaction ID/UTR .....  
Date of payment: .....  
Amount Paid: .....

Recent passport  
size photo with self  
attested

Advertisement No: **06/2024 dt. 29.08.2024**  
Closing date: **45 days from the date of  
publication of advt. in the  
Employment News paper**

**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 LETTERS) .....

Mr. / Mrs. / Ms. / Dr.

2. Gender:

Male

Female

Transgender

3. (a) Address for Communication .....

.....  
.....  
.....  
.....

(b) Email ID

(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 .....

.....

5. Are you:

(a) a citizen of India by birth and /or by domicile? .....

.....

(b) If not, indicate the Nationality with documentary proof .....

.....

6. Name the state to which you belong .....

.....

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

(if so, attach documentary proof in support)

9. Have you ever been convicted by a court of law for any offence?

9 (a). If so, give details there of:

10. Present Employer of the candidate:

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

(b) In case of private / others. indicate the name & address of the employer:

Govt.  Private  others

Govt.  Private  others

SC  ST  OBC

UR  EWS  PwBD

Yes  No

Case No: ..... Year: .....

Govt.  Private  others

Yes  No

11. (a) Educational Qualification:

(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application). (Attach Documentary proof))

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence 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)					
Any equivalent degree to MS (ENT) recognized by MCI / NMC					

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

**11.(b) Details of the Institute/Unviersity studied from Degree level:**

Degree obtained from which College / University: .....

Masters Degree obtained from which College/University: .....

whether the above said Institutes have the approval of MCI or Not?

Yes  No

Date of declaration of M.S (ENT)/Equivalent degree.: .....

**11. (c) Other Qualifications:**

*(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)*

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

**11. (d) MCI/NMC/SMC Registration details:**

MCI/NMC/SMC Registration No: .....

Date of Issue of Certificate: .....

Validity of the MCI/NMC/SMC Certificate: .....

**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 (Indicate: Govt./Private)	Designation / Position	Duration		Pay level (If in Govt.)	Nature of work & level of responsibilities
		From	To	Emolument (Basic + DA) [If in Private]	

[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:***

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	To
1					
2					
3					
4					
5					

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

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

**13 (b) *Other Professional training undergone, if any, and details thereof:***  
**(i)**

--



13 (c) **Membership in Professional Organizations:**

Sl. No.	Name of the Organization	National / International	Position held if any	From	To
1					
2					
3					
4					

13 (d) **Honors & Awards:**

1	
2	
3	
4	

**PART - III (CLINICAL EXPERIENCE)**

14 (a) **Area of Specialization:** .....

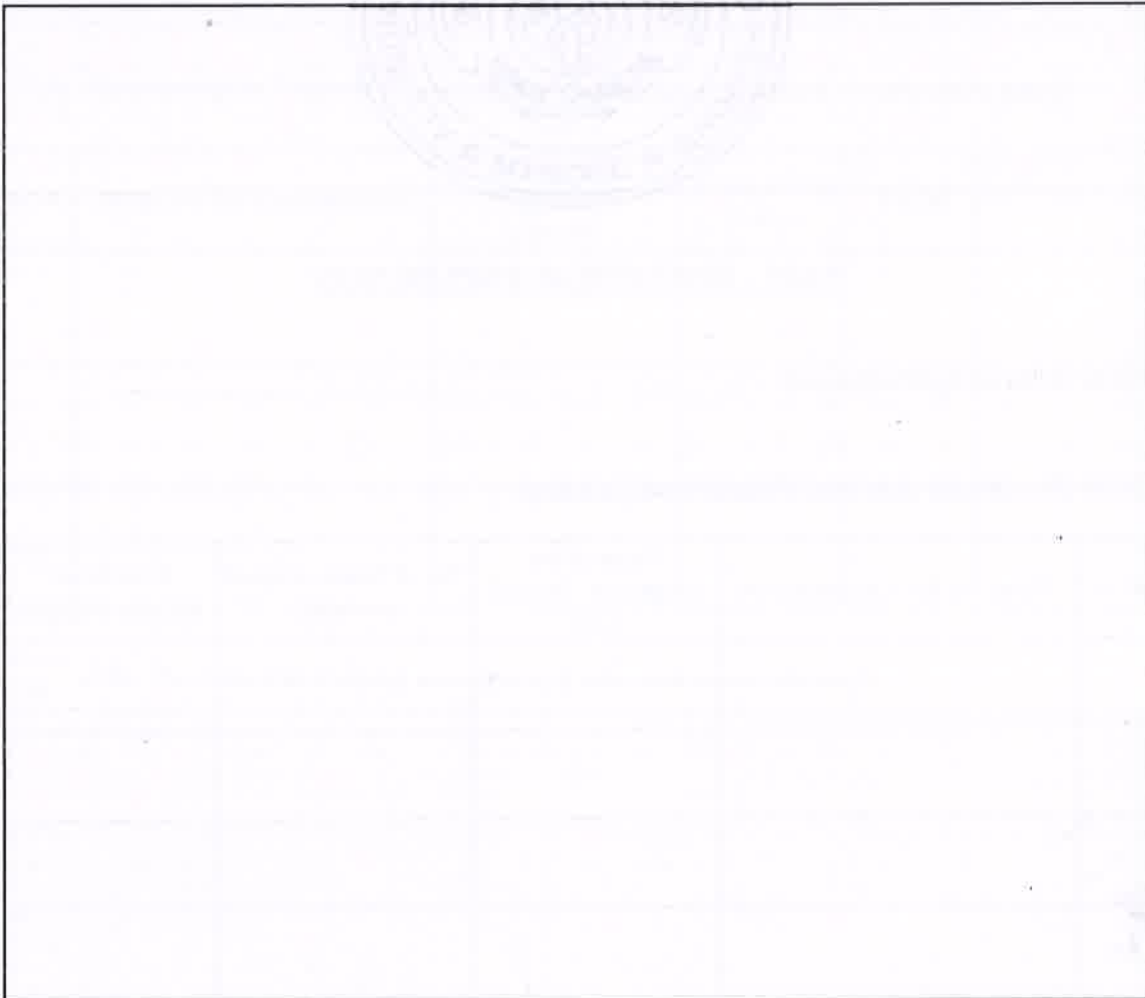
14 (b) **Provide the details of Clinical work handled:**

Sl. 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:***

Sl. No.	Minor / Major Surgeries performed	Name of the Surgery performed	No. of surgery performed (approx)
1			
2			
3			
4			

14 (d) ***Protocol and Resource Manual prepared:(if any provide the complete details with documentary proof)***



**PART - IV (RESEARCH & PUBLICATION)**

15 (a) **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
1						
2						
3						
4						
5						

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

(i) International / National Publication:

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

(ii) **Chapter in Edited Books:**

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

(iii) **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 (specify)
1			
2			
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)

Sl. 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					

15 (d) *Collaboration with International / National Organizations:*

Sl. No.	Name of the collaborative activity	Name of the Collaborating Organization	National / International	Duration	
				From	To
1					
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
1					
2					
3					
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 space is found sufficient. Also, attach documentary proof)**

Sl. No.	Title	Participation of Paper Presentation / Conference / Seminar/ Symposium / workshop)	Category (International / National)	Place	Year
1					
2					
3					
4					
5					
6					
7					
8					
9					

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

Sl. 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:*

Sl. No.	Title	Period	Place	Remarks
1				
2				
3				
4				
5				

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

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

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

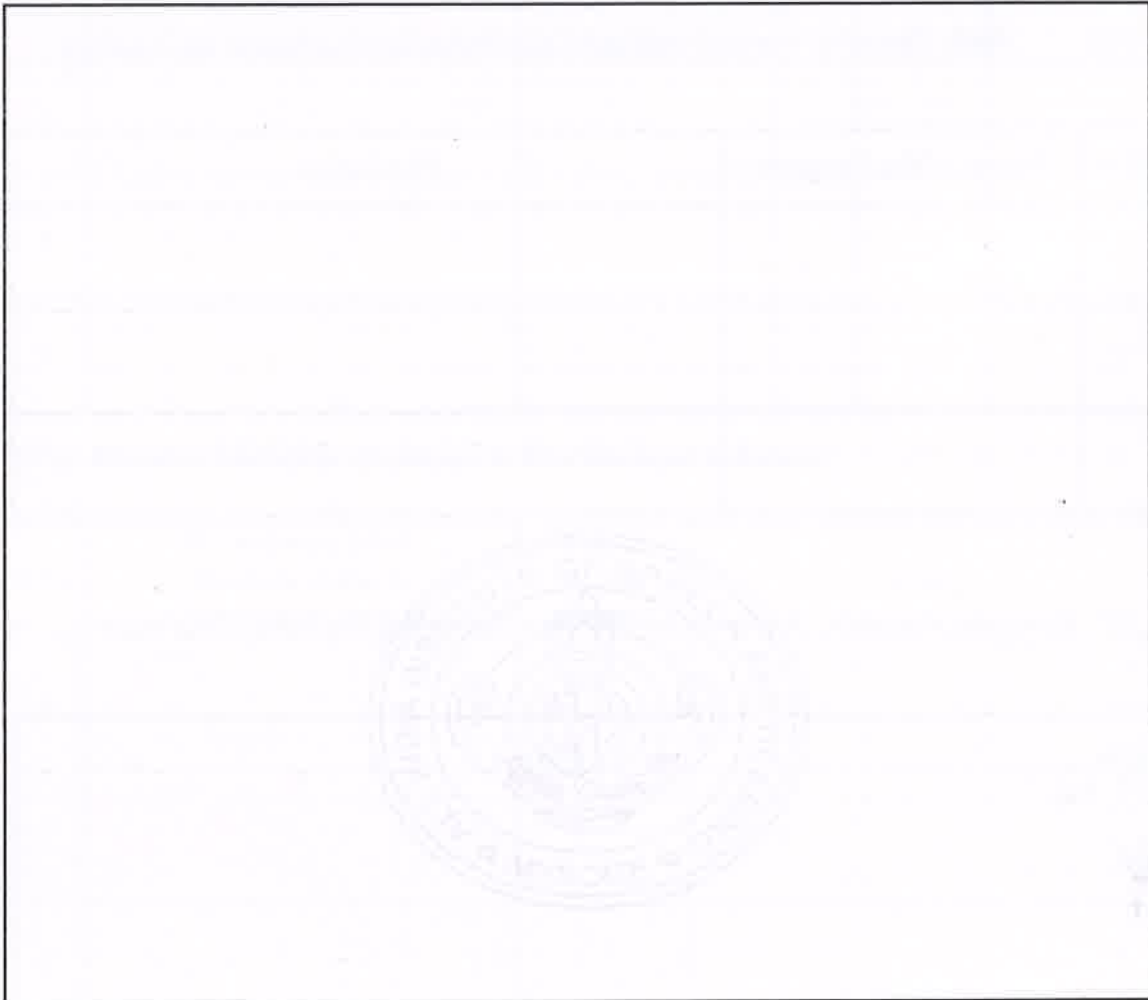
Sl. No.	<u>Title:</u>
1	
2	
3	
4	

**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)*

Sl. No.	Name & Office address	Designation	Contact No. & Official Email
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

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





18 Checklist:

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			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	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	Details about University / 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	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 / International Organization	13 (b)				
16	Details of Membership in Professional Organization	13 (c)				
17	Details of Honors & Awards	13 (d)				
18	Details of Clinical Experience	14 (a)				
19	Details of Surgeries performed	14 (b)				
20	Details of Protocol & Resource Manual / SOP preparation	14 (c)				
21	Details of Research Articles/Papers published in UGC-CARE/NMC approved journals	15 (a)				
22	Publication of Books in International /National/ Policy papers	15 (b)(i)				
23	Details of Chapter in Edited books	15(b)(ii)				
24	Details of E - Content	15(b)(iii)				
25	Details of Research Projects	15 (c)				
26	Details of collaboration with International / National Organization	15 (d)				
27	Details of Patent/Technology Transfer/Copy right/Innovation	15 (e)				
28	Details of Paper Presentation in conference / seminar / symposium / workshop	15 (f)				
29	Details about Research Guidship to PG/Doc. Scholars	15 (g)				
30	Details of Seminars / conference / workshop / fresher course organised	15 (h)				
31	Details of Public Education Activity	15 (i)				
32	Details of Resource Material Developed if any	15 (j)				

**DECLARATION**

I, ..... hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any 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..... Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on.....as.....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent 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 on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....

**FORM: B-1**



**Application fee payment details:**

Transaction ID/UTR .....

Date of payment: .....

Amount Paid: .....

Recent passport size photo with self attested

Advertisement No: **06/2024 dt.29.08.2024**  
Closing date: **45 days from the date of publication of advt. in the Employment News paper**

**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 LETTERS) .....

Mr. / Mrs. / Ms. / Dr.

2. Gender:

Male  Female  Transgender

3. (a) Address for Communication .....

(b) Email ID

(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 .....

5. Are you:

(a) a citizen of India by birth and /or by domicile? .....

(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

(if so, attach documentary proof in support)

9. Have you ever been convicted by a court of law for any offence?

9 (a). If so, give details there of:

10. Present Employer of the candidate:

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

(b) In case of private / others, indicate the name & address of the employer:

11. (a) Educational Qualification:

(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application). (Attach Documentary proof)

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents
SSLC / X					
HSC / XII					
Diploma / PG Diploma Certificate (if any)					
Bachelor Degree					
Master Degree					
Ph.D.					

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:

*(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)*

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

12. **RCI / CAHP Registration details:** (attach documentary proof)

RCI / CAHP Registration No:

.....

Date of Issue of Certificate:

.....

Validity of the Certificate till:

.....

**Work experience (starting from the most recent):**

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

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

[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 & Days)

**PART - II (ACADEMIC DETAILS)**

14 (a) **Teaching Experience:**

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	To
1					
2					
3					
4					

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

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

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

--

14 (c) **Membership in Professional Organizations:**

Sl. No.	Name of the Organization	National / International	Position held if any	From	To
1					
2					
3					
4					
5					

14 (d) **Honors & Awards:**

1	
2	
3	
4	
5	

**PART - III (CLINICAL EXPERIENCE)**

15 (a) **Area of Specialization:** .....

15 (b) **Provide the details of Clinical 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				
3				
4				

15 (c) *Protocol and Resource Manual prepared:(if any provide the complete details with documentary proof)*

--

**PART - IV (RESEARCH & PUBLICATION)**

16 (a) *Research Articles/Papers published in Journals/Periodicals / Conference 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	International / National	Impact Factor
1						
2						
3						
4						
5						
6						



6 (b) **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	Main author / Co-author (specify)	National / International 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			
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)

Sl. 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					

16 (d) *Collaboration with International / National Organizations:*

Sl. No.	Name of the collaborative activity	Name of the Collaborating Organization	National / International	Duration	
				From	To
1					
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)**

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					
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)**

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

Sl. 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
1		
2		
3		

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

Sl. No.	<u>Title:</u>
1	
2	
3	

**References :**

- 17 *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
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

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

17 **Checklist:**

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			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	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				
11	Post Ph.D. Experience Certificate	13 (b)				
12	Other Experience Certificates	13 (a)				
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)				
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)				
21	Deatails of E - Content	16(b)(ii)				
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 students	16 (g)				
27	Details of Public Education Activity	16 (i)				
28	Details of Seminars / Conference / Workshop / Refresher course Organised	16 (h)				
29	Details of Resource Material Developed if any	16 (j)				

**DECLARATION**

I, ..... hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any 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.....

Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on..... as.....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent 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 on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....

**FORM: B-2**



**Application fee payment details:**

Transaction ID/UTR .....

Date of payment: .....

Amount Paid: .....

Recent passport size photo with self attested

Advertisement No: **06/2024 dt. 29.08.2024**

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

**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:.....**

**PART - I (GENERAL)**

1. Name of the Candidate (BLOCK LETTERS) .....

Mr. / Mrs. / Ms. / Dr.

2. Gender:

Male  Female  Transgender

3. (a) Address for Communication .....

(b) Email ID

(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 .....

5. Are you:

(a) a citizen of India by birth and /or by domicile? .....

(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....



7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

Govt.  Private  others

Govt.  Private  others

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

SC  ST  OBC

(if so, attach documentary proof in support)

UR  EWS  PwBD

9. Have you ever been convicted by a court of law for any offence?

Yes  No

9 (a). If so, give details there of:

Case No: ..... Year: .....

10. Present Employer of the candidate:

Govt.  Private  others

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

Yes  No

(b) In case of private / others, indicate the name & address of the employer:

11. (a) Educational Qualification:

(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application).(Attach Documentary proof)

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence 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)					
Any equivalent degree to MS (ENT) recognized by MCI / NMC					

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

**11.(b) Details of the Institute/Unviersity studied from Degree level:**

Degree obtained from which College / University: .....

Masters Degree obtained from which College/University: .....

whether the above said Institutes have the approval of MCI or Not? Yes  No

Date of declaration of M.S (ENT)/Equivalent degree.: .....

**11. (c) Other Qualifications:**

***(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)***

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

**11. (d) MCI/NMC/SMC Registration details:**

MCI/NMC/SMC Registration No: .....

Date of Issue of Certificate: .....

Validity of the MCI/NMC/SMC Certificate: .....

**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 (Indicate: Govt./Private)	Designation / Position	Duration		Pay level (If in Govt.) Emolument (Basic + DA) [If in Private]	Nature of work & level of responsibilities
		From	To		

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

**PART - II (ACADEMIC DETAILS)**

**13 (a) *Teaching Experience:***

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	To
1					
2					
3					
4					
5					

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

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

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

(i)

--

13 (c) **Membership in Professional Organizations:**

Sl. No.	Name of the Organization	National / International	Position held if any	From	To
1					
2					
3					
4					

13 (d) **Honors & Awards:**

1	
2	
3	
4	

**PART - III (CLINICAL EXPERIENCE)**

14 (a) **Area of Specialization:** .....

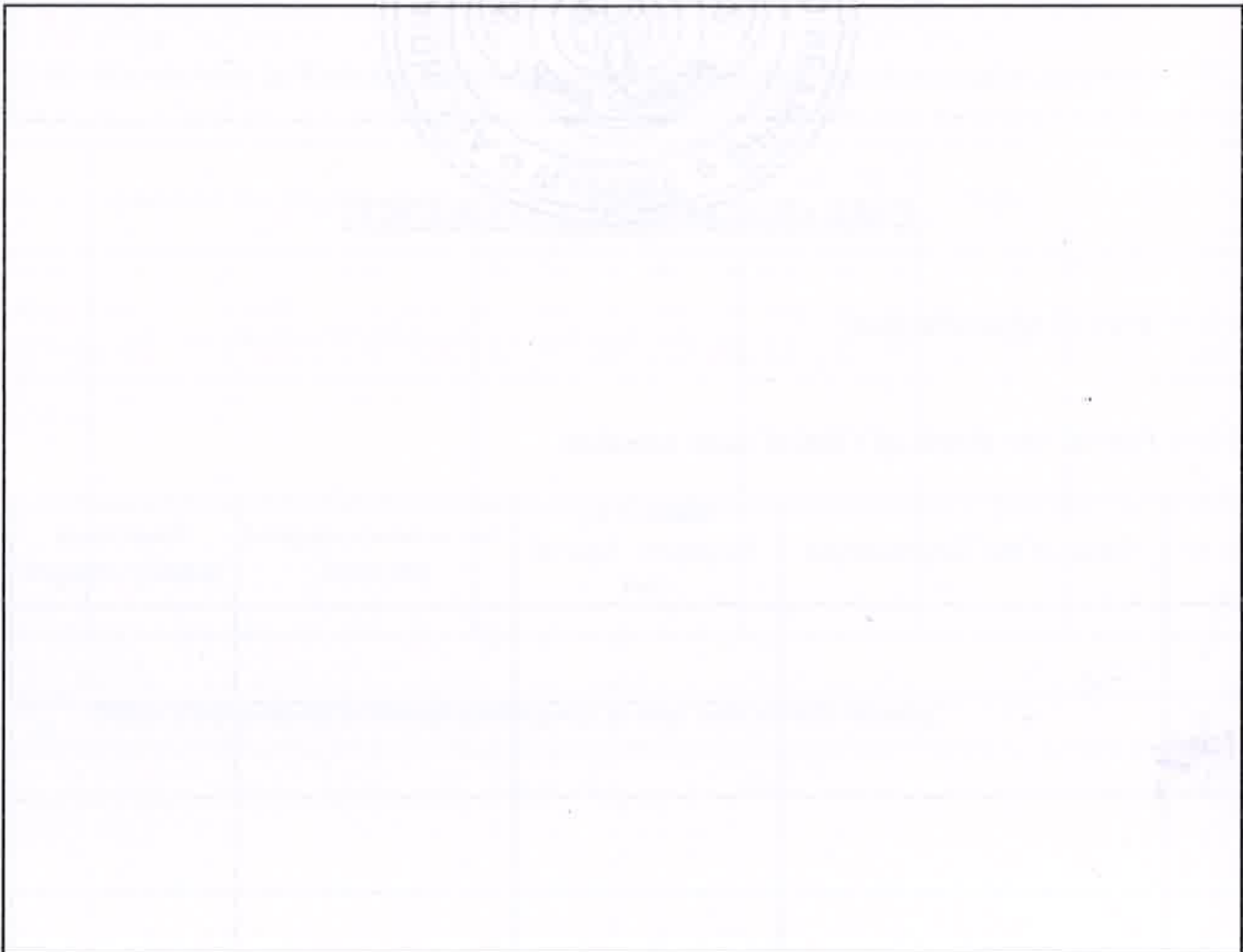
14 (b) **Provide the details of Clinical work handled:**

Sl. 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:***

Sl. No.	Minor / Major Surgeries performed	Name of the Surgery performed	No. of surgery performed (approx)
1			
2			
3			
4			

14 (d) ***Protocol and Resource Manual prepared:(if any provide the complete details with documentary proof)***



**PART - IV (RESEARCH & PUBLICATION)**

15 (a) **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
1							
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 / International Books (Specify)
1					
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 (specify)
1			
2			
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)

Sl. 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					

15 (d) **Collaboration with International / National Organizations:**

Sl. No.	Name of the collaborative activity	Name of the Collaborating Organization	National / International	Duration	
				From	To
1					
2					
3					
4					

*Patent / Technology Transfer / Copy right / Innovation issued by Intellectual Property India, 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					
3					



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

Sl. No.	Title	Participation of Paper Presentation / Conference / Seminar/ Symposium / workshop)	Category (International / National)	Place	Year
1					
2					
3					
4					
5					
6					

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

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

15 (h) **Public Education Awareness campaign/Camp/commemoration/Special day organized:**

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

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

Sl. 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)

Sl. No.	Name & Office address	Designation	Contact No. & Official Email
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

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

--

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			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	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	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	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)				
17	Details of Honors & Awards	13 (d)				
18	Details of Clinical Experience	14 (a)				
19	Details of Surgeries performed	14 (b)				
20	Details of Protocol & Resource Manual / SOP preparation	14 (c)				
21	Details of Research Articles/Papers published in UGC-CARE/NMC approved journals	15 (a)				
22	Publication of Books in International /National/ Policy papers	15 (b)(i)				
23	Deatails of E - Content	15(b)(ii)				
24	Details of Research Projects	15 (c)				
25	Details of collaboration with International / National Organization	15 (d)				
26	Deatails of Patent/Technology Transfer/Copy right/Innovation	15 (e)				
27	Details of Paper Presentation in conference / seminar / symposium / workshop	15 (f)				
28	Details about Research Guidship to PG/Doc. Scholars	15 (g)				
29	Details of Public Education Activity	15 (h)				
30	Details of Resource Material Developed if any	15 (i)				

**DECLARATION**

I, ..... hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any 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. .... Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on.....as.....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent 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 on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....

**FORM: B-3**



**Application fee payment details:**

Transaction ID/UTR .....

Date of payment: .....

Amount Paid: .....

Recent passport size photo with self attested

Advertisement No: **06/2024 dt. 29.08.2024**

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

**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 LETTERS) .....

Mr. / Mrs. / Ms. / Dr. ....

2. Gender: Male  Female  Transgender

3. (a) Address for Communication .....

.....

.....

.....

(b) Email ID

(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 .....

5. Are you:

(a) a citizen of India by birth and /or by domicile? .....

(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

(if so, attach documentary proof in support)

9. Have you ever been convicted by a court of law for any offence?

9 (a). If so, give details there of:

10. Present Employer of the candidate:

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

(b) In case of private / others, indicate the name & address of the employer:

11. (a) Educational Qualification:

(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application).(Attach Documentary proof)

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents
SSLC / X					
HSC / XII					
Diploma / PG Diploma Certificate (if any)					
Bachelor Degree					
Master Degree					
Ph.D.					

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:

(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

12. **RCI / CAHP Registration details:** (attach documentary proof)

RCI / CAHP Registration No:

.....

Date of Issue of Certificate:

.....

Validity of the Certificate till:

.....

**Work experience (starting from the most recent):**

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

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

[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 & Days)

**PART - II (ACADEMIC DETAILS)**

14 (a) **Teaching Experience:**

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	To
1					
2					
3					
4					

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

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

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

--

14 (c) *Membership in Professional Organizations:*

Sl. No.	Name of the Organization	National / International	Position held if any	From	To
1					
2					
3					
4					
5					

14 (d) *Honors & Awards:*

1	
2	
3	
4	
5	

**PART - III (CLINICAL EXPERIENCE)**

15 (a) **Area of Specialization:** .....

15 (b) *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				
2				
3				
4				

15 (c) **Protocol and Resource Manual prepared:(if any provide the complete details with documentary proof)**

--

**PART - IV (RESEARCH & PUBLICATION)**

16 (a) **Research Articles/Papers published in Journals/Periodicals / Conference 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	International / National	Impact Factor
1						
2						
3						
4						
5						
6						

16 (b) **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	Main author / Co-author (specify)	National / International 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			
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)

Sl. 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					

16 (d) **Collaboration with International / National Organizations:**

Sl. No.	Name of the collaborative activity	Name of the Collaborating Organization	National / International	Duration	
				From	To
1					
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)**

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					
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 (International / National)	Place	Year
1					
2					
3					
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:*

Sl. No.	Title	Period	Place	Remarks
1				
2				
3				
4				
5				

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

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

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

Sl. No.	<u>Title:</u>
1	
2	
3	

**References :**

- 17 *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
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

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



17 **Checklist:**

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			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	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				
11	Post Ph.D. Experience Certificate	13 (b)				
12	Other Experience Certificates	13 (a)				
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)				
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)				
21	Deatails of E - Content	16(b)(ii)				
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	16 (i)				

**DECLARATION**

I, ..... hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any 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.....

Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on.....as.....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent 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 on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....

**FORM: B-4**



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

Recent passport size photo with self attested

Advertisement No: **06/2024 dt. 29.08.2024**  
Closing date: **45 days from the date of publication of advt. in the Employment News paper**

**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)**

1. Name of the Candidate (BLOCK LETTERS) .....  
Mr. / Mrs. / Ms. / Dr.

2. Gender: Male  Female  Transgender

3. (a) Address for Communication .....  
.....  
.....  
.....  
.....

(b) Email ID

(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 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 domicile? .....

(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

(if so, attach documentary proof in support)

9. Have you ever been convicted by a court of law for any offence?

9 (a). If so, give details there of:

10. Present Employer of the candidate:

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

(b) In case of private / others, indicate the name & address of the employer:

11. (a) Educational Qualification:

(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application).(Attach Documentary proof)

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents
SSLC / X					
HSC / XII					
Diploma / PG Diploma Certificate (if any)					
Bachelor Degree					
Master Degree					
Ph.D.					

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

Govt.  Private  others

Govt.  Private  others

SC  ST  OBC

UR  EWS  PwBD

Yes  No

Case No: ..... Year: .....

Govt.  Private  others

Yes  No

11. (b) Title of Ph.D. Thesis

.....  
.....  
.....

11.(c) Date of declaration of Ph.D. Degree:

.....

(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 rules for respective posts)*

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

**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 (Indicate: Govt./Private)	Designation / Position	Duration		Pay level (If in Govt.) Emolument (Basic + DA) (If in Private)	Nature of work & level of responsibilities
		From	To		

[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:**

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handled	From	To
1					
2					
3					
4					
5					

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

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

13 (c) **Membership in Professional Organizations:**

Sl. No.	Name of the Organization	National / International	Position held if any	From	To
1					
2					
3					
4					
5					

13 (d) **Honors & Awards:**

1	
2	
3	
4	
5	

13 (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 (b) **Research Articles/Papers published in Journals/Periodicals / Conference 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	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	Main author / Co-author (specify)	National / International Books (Specify)
1					
2					
3					
4					
5					



14 (d) ***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			

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

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

Sl. 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					

14 (f) **Collaboration with International / National Organizations:**

Sl. No.	Name of the collaborative activity	Name of the Collaborating Organization	National / International	Duration	
				From	To
1					
2					
3					
4					

**Patent / Technology Transfer / Copy right / Innovation issued by Intellectual Property India, 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 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 (International / National)	Place	Year
1					
2					
3					
4					

14 (i) **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				

**References :**

- 15 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
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

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

17 **Checklist:**

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			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	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	Post Ph.D. Experience Certificate	12(b)				
11	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)				
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)				
22	Deatails of Patent / Technology Transfer / Copy right / Innovation	14 (g)				
23	Presentation of Paper Presentation in conference / seminar / symposium / workshop	14 (h)				
24	Details about Research Guideship / Dissertation	14 (i)				

**DECLARATION**

I, ..... hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any 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..... Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on.....as.....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent 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 on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....

**FORM: C-1**



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

Recent passport size photo with self attested

Advertisement No: **06/2024 dt. 29.08.2024**  
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**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:..... & POST CODE:.....**

**PART - I (GENERAL)**

1. Name of the Candidate (BLOCK LETTERS) .....  
Mr. / Mrs. / Ms. / Dr.

2. Gender: Male  Female  Transgender

3. (a) Address for Communication .....  
.....  
.....  
.....  
.....

(b) Email ID  
(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 .....

5. Are you:  
(a) a citizen of India by birth and /or by domicile? .....  
(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

(if so, attach documentary proof in support)

9. Have you ever been convicted by a court of law for any offence?

9 (a). If so, give details there of:

10. Present Employer of the candidate:

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

(b) In case of private / others, indicate the name & address of the employer:

11. (a) Educational Qualification:

*(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application). (Attach Documentary proof)*

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents
SSLC / X					
HSC / XII					
Diploma / PG Diploma Certificate (if any)					
Bachelor Degree					
Master Degree					
Ph.D					

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:

(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

12. RCI / CAHP Registration details: (attach documentary proof)

RCI / CAHP Registration No:

.....

Date of Issue of Certificate:

.....

Validity of the Certificate till:

.....

**Work experience (starting from the most recent):**

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

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

[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 & Days)

**PART - II (ACADEMIC DETAILS)**

14 (a) **Teaching Experience:**

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handed	From	To
1					
2					
3					
4					

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

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

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

--

14 (c) **Honors & Awards:**

1
2
3
4

**PART - III (CLINICAL EXPERIENCE)**

15 (a) **Area of Specialization:** .....

15 (b) **Provide the details of Clinical 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				
3				
4				

15 (c) **Protocol and Resource Manual prepared:(if any provide the complete details)**

--

**PART - IV (RESEARCH ACTIVITIES)**

16 (a) ***Research Articles/Papers published in Journals/Periodicals / Conference 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.	International / National	Impact Factor
1							
2							
3							
4							
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 (International / National)	Place	Year
1					
2					
3					
4					

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

Sl. No.	<u>Title:</u>
1	
2	
3	

**References :**

- 17 *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
1			Mobile: Email:
2			Mobile: Email:
3			Mobile: Email:

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

--

19 **Checklist:**

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			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	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				
11	Post Ph.D. Experience Certificate	13 (b)				
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)				
17	Details of Protocol & Resource Manual / SOP preparation	15 (c)				
18	Details of Research Articles/Papers published in Journals	16 (a)				
19	Details of Publication of Paper Presentation in conference / seminar / symposium / workshop	16 (b)				
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 any 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. .... Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on ..... as .....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent 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 on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....

**FORM: C-2**



**Application fee payment details:**

Transaction ID/UTR .....

Date of payment: .....

Amount Paid: .....

Recent passport size photo with self attested

Advertisement No: **06/2024 dt. 29.08.2024**

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

**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 - I (GENERAL)**

1. Name of the Candidate (BLOCK LETTERS) .....

Mr. / Mrs. / Ms. / Dr.

2. Gender:

Male  Female  Transgender

3. (a) Address for Communication .....

.....

.....

.....

.....

(b) Email ID

(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 .....

5. Are you:

(a) a citizen of India by birth and /or by domicile? .....

(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....

7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

Govt.  Private  others

Govt.  Private  others

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

SC  ST  OBC

(if so, attach documentary proof in support)

UR  EWS  PwBD

9. Have you ever been convicted by a court of law for any offence?

Yes  No

9 (a). If so, give details there of:

Case No: ..... Year: .....

10. Present Employer of the candidate:

Govt.  Private  others

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

Yes  No

(b) In case of private / others, indicate the name & address of the employer:

**11. (a) Educational Qualification:**

*(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application). (Attach Documentary proof)*

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence 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)					
Any equivalent degree to MS (ENT) recognized by MCI / NMC					

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



**11.(b) Details of the Institute/Unviersity studied from Degree level:**

Degree obtained from which College / University: .....

Masters Degree obtained from which College/University: .....

whether the above said Institutes have the approval of MCI or Not? Yes  No

Date of declaration of M.S (ENT).: .....

**11. (c) Other Qualifications:**

*(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)*

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

**11. (d) MCI/NMC/SMC Registration details:**

MCI/NMC/SMC Registration No: .....

Date of Issue of Certificate: .....

Validity of the MCI/NMC/SMC Certificate: .....

**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 (Indicate: Govt./Private)	Designation / Position	Duration		Pay level (If in Govt.)	Nature of work & level of responsibilities
		From	To	Emolument (Basic + DA) [If in Private]	

[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) Total Yrs. of Teaching / Research Experience : ..... (In Years, Months & Days)

**PART - II (ACADEMIC DETAILS)**

13 (a) **Teaching Experience:**

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handed	From	To
1					
2					
3					
4					

13 (b) **Membership in National / International / Professional Organizations:**

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

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

(i)

--

13 (c) **Honors & Awards:**

1
2
3
4

**PART - III (CLINICAL EXPERIENCE)**

14 (a) **Area of Specialization:** .....

14 (b) **Provide the details of Clinical 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				
3				
4				
5				

14 (c) **Protocol and Resource Manual prepared:(if any provide the complete details)**

--

**PART - IV (RESEARCH ACTIVITIES)**

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

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
1						
2						
3						
4						
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)

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

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

Sl. 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)*

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

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

18 **Checklist:**

Sl. No.	Details of Enclosure	Sl. No. Reference to application	Enclosed			Reference to Annexure
			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	11 (a)				
5	Bachelor's Degree (all semester mark sheets)	11 (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)				
9	Details about University / 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	14 (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**

I, ..... hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any 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.....

Date .....

Mr./ Mrs./ Ms./ Dr. ...., joined at this Institute on.....as.....(Designation) and is at present employed as .....(Designation) w.e.f: ..... and is a Permanent 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 on .....
- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....

**FORM: C-3**



**Application fee payment details:**

Transaction ID/UTR .....

Date of payment .....

Amount Paid: .....

Recent passport size photo with self attested

Advertisement No: **06/2024 dt. 29.08.2024**

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

**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 LETTERS) .....

Mr. / Mrs. / Ms. / Dr.

2. Gender: Male  Female  Transgender

3. (a) Address for Communication .....

.....

.....

.....

(b) Email ID

(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 .....

5. Are you:

(a) a citizen of India by birth and /or by domicile? .....

(b) If not, indicate the Nationality with documentary proof .....

6. Name the state to which you belong .....



7. (a) Father's Name

(b) Father's Occupation

(c) Mother's Name

(d) Mother's Occupation

8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD

(if so, attach documentary proof in support)

9. Have you ever been convicted by a court of law for any offence?

9 (a). If so, give details there of:

10. Present Employer of the candidate:

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

(b) In case of private / others, indicate the name & address of the employer:

11. (a) Educational Qualification:

(Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university / board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university/college should be attached alongwith the application). (Attach Documentary proof)

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents
SSLC / X					
HSC / XII					
Diploma / PG Diploma Certificate (if any)					
Bachelor Degree					
Master Degree					
Ph.D					

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:

(Note: Sufficient information to be provided in respect of other qualifications, other than 11 (a) above, wherever applicable, as per the Recruitment rules for respective posts)

Course / Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of passing	Equivalence of percentage in case of CGPA with supporting documents

**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 (Indicate: Govt./Private)	Designation / Position	Duration		Pay level (If in Govt.)	Nature of work & level of responsibilities
		From	To	Emolument (Basic + DA) [If in Private]	

[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:***

Sl. No.	UG / PG	Name of the Institute / Organization	Courses handed	From	To
1					
2					
3					
4					
5					

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

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



**PART - III (RESEARCH & PUBLICATION)**

14. (a) *Research Articles/Papers published in Journals/Periodicals / Conference 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	International / National	Impact Factor
1						
2						
3						
4						
5						
6						

14. (b) *Publication of Paper Presentation in Conferences / Seminar / Symposium / Workshop 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	Year
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2					
3					

4					
5					
6					

14 (c) **Resource Materials / Audio/Video resource Developed/ major contribution to the concerned field:**

Sl. No.	<u>Title:</u>
1	
2	
3	

**References :**

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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) to (c)				
11	Other Experience Certificates	12				
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)				
16	Details of other Professional training undergone	13 (e)				
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)				

**DECLARATION**

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- DA:.....
- TA: .....
- Others:.....

Signature of Issuing Authority: .....

Designation & Seal of Issuing Authority: .....