मोरारजी देसाई राष्ट्रीय योग संस्थान (मो.दे.रा.यो.सं.)
MORARJI DESAI NATIONAL INSTITUTE OF YOGA
(MDNIY)

आयुष मंत्रालय, भारत सरकार
Ministry of Ayush, Govt. of India
68 , अशोक रोड़ 110001 - नई दिल्ली ,
68, Ashok Road, New Delhi-110001

APPLICATION FORM

Affix self attested recent Passport Size Photograph

Name of the post applied for : .....

Advertisement No. : .....

Category applied for : .....(Unreserved/SC/ST/OBC/PWD/PH/EWS)

Details of fee paid Amount (Rs.): ..... Bank DD No. ..... Dated .....

Bank's Name : .....

1. **Name in full: Dr./Prof./Shri/Smt./Km.** _____
   (in CAPITAL letters)

2. **Father's/Husband's Name:** _____

3. **Date of Birth:** **DD**_____**MM**_____**YYYY**_____
   (in words)_____
   Age (as on closing date of application according to Matriculation Certificate)

4. **Address: (in CAPITAL letters)**
   (i) **Present Address (for correspondence, with phone/mobile No. & E-mail):-**
   _____
   _____
   _____
   E-mail Id: _____ **Mobile No.** _____

   (ii) **Permanent home address:-**
   _____
   _____
   _____

5. **Nationality:** _____ 6. **Sex:** _____ **(Male/Female)**

7. **Whether belongs to SC/ST/OBC/PWD/PH/EWS:** _____
   (in support, please enclose a certificate from authorized Issuing Officer)

8. **(a) Mother Tongue:** _____

   (b) Other language(s) which the applicant can speak, read and write fluently:
   _____

9. Examinations passed (Please enclose a self certified copy of each degree/certificate & marksheet):-

Examination	Name of the Degree/Diploma and Board	Name of the College & University	Percentage of marks/OGPA obtained (Aggregate in case of degree programs)	Division obtained	Year of passing	Subject(s) (Major)/ Specialization	Distinction If any
(i) 10+2 or equivalent							
(ii) Bechelor's Degree							
(iii) Master's Degree							
(iv) Doctorate Degree							
(v) Any other examination(s)							

10. Employment Record (Starting from the present position):

Office/Institute/ Organization	Post held	From	To	Scale of Pay & Basic Pay	Nature of Duties	Actual Duration (Years & Months)

Total Experience:

a. **Teaching:** Years_____ Months _____

b. **Research:** Years_____ Months _____

c. **Research Guide/ Supervisor:** Years_____ Months _____

d. **Other :** Years_____ Months _____

11. RESEARCH:

a) Research Projects:

S. No.	Title of Project (s)	Period (From-To)/No. of years	Budget	Funding agency	PI or Co-PI (Status)	Status of Project completed /ongoing

b) Patent/ Innovation/Technology developed/commercialized: _____

_____

_____

c) No. of candidates (MD/MS/Ph.D.) Supervised: _____

_____

_____

12. Area of Specialization/Super-Specialization: _____

_____

_____

13. SCIENTIFIC PUBLICATIONS (published or accepted):

(a) Research papers and Review (published in peer review & indexed journals only)*

S. No.	Authors	Title	Journal with year, volume & page no.	Index (ISSN)	Impact factor of journal	Citation

(b) Books/ Manual/ Monograph/ Research Bulletins/ Extension Bulletins/ Chapters in Scientific Books, Training/Teaching Manuals*

S. No.	Authors/Co-author	Title	Publisher/Journal with page number	Year

*Enclose separate sheet in the prescribed format (if required)

14. CONFERENCE/WORKSHOP: Total Attended:

a. National: _____

b. International: (i) In the Country: _____ (ii) Abroad: _____

PAPER PRESENTED:

a. National: _____

b. International: (i) In the Country: _____ (ii) Abroad: _____

15. SCHOLARSHIPS/FELLOWSHIPS/AWARDS ETC:

(a) Scholarships and Fellowships received with details:

_____

_____

(b) Honours/Medals/Awards, etc. with details:

_____

_____

16. **Extra-curricular activities e.g. Games, sports, NCC, NSS, Community health service/ activities etc.:** _____

17. **Membership/Fellowship of Scientific Societies/Bodies, if any:** _____

18. **Major Academic/Research contribution:** _____

19. **Name, address and contract details of two references including one current supervisor/employer:**

(1) _____

(2) _____

20. **Additional information, if any which you would like to mention in support of your suitability for the post:** _____

(Enclose separate sheet, if the space is insufficient in any column)

21. **Your vision about carrying out research/Innovation in Teaching/Clinical Service/ Laboratory development in Morarji Desai National Institute of Yoga (enclose one page write up). [In case of application for the post of ARO & Yoga Instructor only].**

DECLARATION

I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to wilfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

Place: _____

Signature of the candidate

Date: _____

_____

(Name in CAPITAL letters)

REMARKS OF THE PRESENT EMPLOYER

(In the case of those who are already in service)

Certified that information furnished by Shri/Ku./Smt./Dr. ..... in his application have been verified from the office records and is found to be correct. No vigilance/ disciplinary case is pending or contemplated against him/her and he/she is clear from vigilance angle.

The applicant Shri/Ku./Smt./Dr. ..... is holding a permanent/temporary post of ..... in the scale of pay .....from .....and his/her present basic pay is Rs. ..... P.M. his/her application is forwarded and he/she will be relieved in case he/she is selected for the post applied for.

Date: .....

Place: .....

Signature

Designation of Appointing Authority
(with official seal)

)....