

Form No. :

Enrollment No.

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Academic year

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Faculty :

(For Office use only)

Maharashtra University of Health Sciences, Nashik

MHASRUL, VANI ROAD, NASHIK - 422 004

Tel.- (0253) 2539241 / 2539244

Web: <http://www.muhsnashik.com>, email: planning@muhsnashik.com

Employment Cell - *Application Form*

1. Name : _____

(In Capital letters) Surname First Name Father's / Husband's Name

2. Address for Correspondence : _____

_____ City _____ Pin Code _____

Dist. : _____ State : _____

3. Contact Tel. Nos. :

STD code _____ (Res.) _____ (Off.) _____

E-mail ID _____ Mobile No. _____

4. Date of Birth : _____

5. Nationality : _____ Religion : _____ Caste : _____

6. Whether belong to SC /ST /VJNT /OBC /SBC Category : _____

(Please attach documentary proof)

❖ Caste validity certificate (if applicable)

❖ Non Creamy layer Certificate (if applicable)

7. Sex : Male / Female Marital Status : Married / Unmarried

(please strike ✓ mark)

8. Enrollment Fee : Rs. _____ D. D. No. _____ Date : _____

Name of the bank : _____

(Note : D.D of Rs. 500/- (rupees five hundred only) in favour of **Registrar, MUHS, Nashik** drawn on **Nationalized Bank** payable at Nashik with name & address of applicant written behind the D.D. should be attached.)

Paste here Recent Passport Size Photo duly attested by Gazetted Officer

9. **Educational Qualifications :**

(Mandatory to attach all necessary attested copies of Mark sheets / certificates of Degree/Diploma/PG etc.)

Sr. No.	Examination Passed	Year of Passing	Name of Board / University	Subject / specialization	Marks obtained
1					
2					
3					
4					
5					
6					
Specialization / Additional qualification /s :					

10. **Experience :** (Mandatory to attach attested copies of previous experience certificate)

Sr. No.	Name of the College / Institution	Position Held	Period of Service		Total experience
			From	To	
Details of Current Employment :					

(Please attach separate sheet, if necessary)

11. Related Council Registration No. :

12. Whether approved teacher of MUHS / any other University :

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13. Interested to be appointed for the post of :

14. **Location of interest** :

15.

Research Activity :		<i>(Please attach supporting documents)</i>
No. of Publications		
A	National	:
B	International	:
Major Achievements :		<i>(Please attach supporting documents)</i>

(Please attach separate sheet, if necessary)

16. **Any other information, which you would like to provide :**

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.....
.....

(Please attach separate sheet, if necessary)

Declaration :

I affirm that I will abide by the terms and conditions of the University issued from time to time. I am also aware that, University is not under any obligation to provide me an employment nor recommend my name to the college / institution / employer.

Place :

Signature :

Date :

Name :

NOTE : *Incomplete Application will be rejected immediately and no correspondence will be entertained on this behalf.*