

**Format of Application for the post of Registrar /Controller of Examinations/ Deputy  
Controller of Examinations of Srimanta Sankaradeva University of Health Sciences, Assam**

Affix the latest passport size Photo
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(Applicant is requested to type the information in the following format and can add more lines in the format wherever required.)

1. General information of applicant

Name (In capital letters)	
Date of Birth (Day/Month/Year)	
Correspondent Address	
Phone No.	Mobile No: Landline No:
E-mail	

2. Present Position

a.	Designation	
b.	Organization	
c.	Pay Scale	
d.	Date of appointment to the present post	
e.	Total Experience (In Years and Months)	

3. Details of experience possessed as per eligibility criteria:

S. No.	Post held	Pay Scale	Organization	Nature of duties	Experience (In Years and Months)

4. Educational Qualification (In chronological from latest to Graduation level)

S. No.	Qualification	University	Year	Subject(s)/ Topic(s)	Percentage Achieved	Distinctions etc.

5. Administrative Experience/post(s) responsibilities held

S. No.	Post	Organization/ University	Duration		Experience (In Years and Months)
			From (Date)	To (Date)	
1.	Head of the Department				
2.	Chairman, Board of Studies				
3.	Member, Board of Studies				
4.	Dean of Faculty				
5.	Member of Executive Council				
6.	Member of Academic Council				
6.	Member of Professional/Academic Bodies				
7.	Others (Specify)				

6. (a) Academic/Teaching Experience & responsibilities (In chronological order at least to oldest)

S. No.	Post	Organization/ University	Duration		Experience (In Years and Months)
			From (Date)	To (Date)	

(b) Participation and contribution in relevant areas in medical education

	Organization	Area of specialisation
Visiting Professor		
Resource Person		
Other (Specify)		

(c) Involvement with formulation of academic programmes;

S. No.	Nomenclature of innovative Academic Programmes formulated	Date of approval by Academic Council	Year of Introduction

(d) Important MoUs formulated for academic collaborations:

Sl. No.	MoUs formulated	Name of Agencies/Departments involved	Year of MoU

(e) Position of Chairs:

S. No.	Name of Chair	Name of Agencies/Departments involved	Period of holding the Chair

7. International academic Exposure, if any

Sl. No.	Post/ Assignment	Organization / University	Area of Assignment	Duration		
				From	To	(In Years & Months)

8. Scholarly achievements:

A. Contribution to Journals and Books:

	Details
Books authored	
Editor in Chief	
Editorships	
Peer reviewer for	
Member of the International Advisory Board	
Others(specify	

B. Publication:

B.I Kindly provide list of scholarly publications in recognised professional and/or academic journals:

Total Publications:.....

S. No.	Date	Title	Name of journal	Refereed journal or not	Number of Citations (where possible)

B.II List of articles in popular magazines or newspapers

Total Articles:.....

S. No.	Date	Title	Name of Magazine/Newspaper

C. Participation and scholarly presentation in conferences:

C.I. National

S. No.	Date	Title of Conference or Institution	Title/Subject of Presentation (if made)

C.II International

Sl. No.	Date	Title of Conference or Institution	Title/Subject of Presentation (if made)

D. Participation and contribution in National/International Fora in the area of your academic and professional expertise

		Number(s)
Plenary Lectures/Invited talks	International	
	National	
Congresses attended	International	
	National	
Examinership etc.	International	
	National	
Other (Specify)	International	
	National	

9. Research Project:

Sl. No.	Client/Organization's name	Nature of project	Duration of project	Amount of grant (Rupees)

10. Consulting experience;

List key consulting assignments undertaken:

Sl. No.	Client/Organization's Name	Nature of assignment	Duration of assignment

11. Honours/Awards & Fellowships for Outstanding work:

S. No.	Name of Award/Fellowship	Elected/Honorary Fellow	Awarded by	Year of Award

12. No. of Research Scholars successfully guided:

Name of Programme	Awarded (No.)(Under-Progress not to be included)

13. Strengths (100 words)

14. Your Vision for the University (upto 500 words)

15. Details of Referees, if any

S. No.	Name of the Referee	Post held by Referee	E-Mail	Phone No.	Mobile

I, hereby, declare that all the statements/particulars made/furnished in this application are true, complete and correct to the best of my knowledge and belief. I also declare and fully understand that in the event of any information furnished being found false or incorrect at any stage, my application/candidature is liable to be summarily rejected at any stage and if I am already appointed, my services are liable to be terminated without any notice from the post of ..... as per Act/Statutes etc. and other applicable rule.

Place:

(Signature of the Applicant)

Date:

Note: Total No. of pages (A-4 size) of the application should not be exceed 10 pages