



# SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

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## **APPLICATION FORM FOR THE POST OF DEAN OF FACULTIES, SSUHS**

1. Name (in Capital letters): .....
2. Date of Birth and Age: .....
3. Present Designation: .....
4. Address for correspondence with pin code: .....  
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.....  
Email id ..... Phone No. ....
5. Permanent address with pin code: .....  
.....  
.....
6. Educational Qualification as per eligibility criteria:

Sl. No.	Qualification	University	Year	Subject (s) / Topics	Percentage	Division etc.

7. Other academic Exposure/Achievement, if any

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

8. Publication:

Kindly provide list of scholarly publications in recognised professional and/or academic journals. Photocopies of the publications are to be attached as necessary). Please submit only peer reviewed / indexed / national / international / refereed journals. E-journals are not acceptable.

Total Publications .....

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

9. Participation and scholarly presentation in seminar/conference etc :

a. National

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

b. International

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

10. Research Project:

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

11. Honours/Awards & Fellowships for Outstanding work:

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

12. Proof of eligibility to be Postgraduate teacher (if applicable) to be attached.

13. Name(s) of students with research title (if any) who have been supervised for Postgraduate degree in Health Sciences / Ph.D. thesis during the last 5 (five) years to be attached.

14. Proof of Ph.D. Degree (if applicable) to be attached.

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Signature of the Applicant with Date

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