



UTTARAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A
member of All Indian Universities)

Harrawala, Dehradun – 248001

Help Line No. **%+91-7895305763/
9410956033**

GENERAL INSTRUCTIONS FOR CANDIDATES FOR FILLING APPLICATION FORM

(Teaching Posts)

1. Candidates must read all the instructions carefully before filling the application form.
2. Candidate must ensure himself about his/ her own eligibility criteria and experience (if applicable).
3. Candidates have to download the application form (1. Application Form for Teaching Faculty, 2. Application for Hospital Staff) from the Web site: www.uau.ac.in
4. Take the print out of form which is to be filled by the candidate in his/ her own handwriting with blue / black ball pen. No blank space should be left in the form, mention- NA if not applicable for any column. Form must be completed with signature as well as thumb impression at the space given.
5. Application Form has FIVE proforma to be filled- 1st is the application form, 2nd is the list of enclosures, (should be filled in duplicate), 3rd is the merit index (should be filled in duplicate) and 4th is Call Letter for Candidate (should be filled in triplicate), 5th is attendance sheet. All must be filled by the candidates own hand writing. Candidate should not write in the space left for office use.
6. Application fee will be enclosed with the application form as Demand Draft, at the name of "Finance Officer, Uttarakhand Ayurved University, Dehradun" Payable at Dehradun.
7. Attach all the relevant self attested photo copies as per the number of enclosures mentioned in the form by the candidate. In case, candidate fails to enclose any of his/her document, the application form will be rejected.
8. Application form must be sent through registered post / speed post only. Application must reach the office before 25th August, 2017 (5:00 PM). After the given date and time, no application will be entertained.
9. Over the envelope, mention and underline the Application form for which post and subject code. Address- "Registrar, Uttarakhand Ayurved University, Harrawala Dehradun - 248001". Candidate must also mention his/her complete address and phone number on the envelop.
10. Also enclose three stamped (one for speed Post @ Rs. 40/-) and complete self addressed envelopes with the form.
11. Eligibility and registration and age of the candidates will be considered till the date of advertisement of this post.
12. Candidate must enclose the NOC in the given column, if working at any institution.
13. For number of Posts, eligibility, experience, D.D and other details, please visit the Web site: www.uau.ac.in



PROFORMA – 1

UTTARAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

Advertisement No.Post Code Applied For.....

Fee Details :

Amount :DD No.....Date.....
Name of Bank & Branch.....

Name Of Candidate :

Mother's Name :

Father's Name :

Date of birth :(dd/mm/yyyy).....

Category : SC / ST / OBC / GEN.....Sub-category if Any :

Nationality:..... Domicile State :

Address :

.....Mobile No.....

Identity Proof (Adhar Card/PAN card/Voter Id card) No.....



Academic Details :

Qualification	Board / University	Passing Year	Division/Percentage	Subject
High school (10)				
Intermediate (10+2)				
BAMS /B.Sc.				
MD/MS (Ay)/M.Sc.				
Ph.D.				
Others				

Total Experience :

1. As Assistant Professor: years months days

2. As Associate Professor: years months days

3. As Professor: years months days

Experience Details :

S. No.	College/Institution	Post held	From	To	Pay scale
1					
2					
3					
4					
5					
6					
7					

Research papers / books :

S. No.	Name of Journal /Book	Chapter/ ISSN No.	Author/co-author	Impact factor

Any Other Achievements / Award...Please Give Details: (Separate sheet can be attached for details)

S.no.	Name	Details

Current Position :

Name of Post :.....Department :..... Institution :.....Date of Appointment.....
--

Declaration By the candidate :

I hereby declare that above information given by me is correct to the best of my knowledge. if any information found incorrect, My candidature shall stand cancelled and university can take further action also.

--

Signature of candidate

--

Left Thumb Impression

No object Certificate from Present Employer/Head Of Institution

This is to certify that Dr.....S/O, D/O,
W/O.....is working in our institution on post of
.....in the department of.....since Institute
has no objection in appearance before interview/examination for the post he/she is applying.

Signature of Head Of Institution/Employer with Seal

Remarks (For Office Use Only)

PROFORMA – 2 (To be filled in duplicate)
(Copy-1)



UTTARAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A
member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

FOR OFFICIAL USE	
Application No.....	Date.....

Name Of candidate :

Date Of Birth : (dd/mm/yyyy)..... **Category**.....**Sub category if any**.....

Post applied For.....**Subject / Specialty**.....

List Of Enclosures:

S.No.	Enclosures	
1	High School Marksheet	
2	High school Certificate	
3	Intermediate Marksheet	
4	Intermediate Certificate	
5	BAMS marksheets	
6	Internship Certificate	
7	BAMS degree Certificate	
8	MD/MS (Ay) Certificate	
9	Ph.D. Degree Certificate	
10	Experience Certificates	
11	Research Papers	
12	Any Other relevant Documents	
13		
14		
15	Demand Draft for Fee	

Signature of candidate

REMARKS (For Official Use Only)

Registrar

PROFORMA – 2

(Copy-2)

UTTRAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in



FOR OFFICIAL USE

Application No.....

Date.....

Name Of candidate :

Date Of Birth : (dd/mm/yyyy)..... **Category**.....**Sub category if any**.....

Post applied For.....**Subject / Specialty**.....

List Of Enclosures:

S.No.	Enclosures	
1	High School Marksheet	
2	High school Certificate	
3	Intermediate Marksheet	
4	Intermediate Certificate	
5	BAMS marksheets	
6	Internship Certificate	
7	BAMS degree Certificate	
8	MD/MS (Ay) Certificate	
9	Ph.D. Degree Certificate	
10	Experience Certificates	
11	Research Papers	
12	Any Other relevant Documents	
13		
14		
15	Demand Draft for Fee	

Signature of candidate

REMARKS (For Official Use Only)

Registrar

PROFORMA – 3 (To be filled in duplicate)
(Copy-1)



UTTRAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A
member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135-2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

FOR OFFICIAL USE	
Application No.....	Date.....

Name Of candidate :

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Affix self attested passport size photograph

MERIT INDEX

Qualification	Subjects	Marks Obtained/ Maximum marks	Percentage	Remark (Official Use)
High School (10)				
Intermediate (10+2)				
BAMS/B.Sc.				
MD/MS (Ay)/M.Sc.				
Ph.D.				

Total Experience

Years	Months	Days	Remarks(Official Use)

Research Papers and publications

Total No. of Research papers	Total no. Books/ Chapters	Remarks (Official use)

Signature of Candidate



PROFORMA – 3

(Copy -2)

UTTRAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

FOR OFFICIAL USE	
Application No.....	Date.....

Name Of candidate :

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Affix self
attested
passport size
photograph

MERIT INDEX

Qualification	Subjects	Marks Obtained/ Maximum marks	Percentage	Remark (Official Use)
High School (10)				
Intermediate (10+2)				
BAMS/B.Sc.				
MD/MS (Ay)/M.Sc.				
Ph.D.				

Total Experience

Years	Months	Days	Remarks(Official Use)

Research Papers and publications

Total No. of Research papers	Total no. Books/ Chapters	Remarks (Official use)

Signature of Candidate



PROFORMA – 4
(to be filled in Triplicate)(Copy -1)

UTTRAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A
member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

FOR OFFICIAL USE

Application No.....

Date.....

CALL LETTER FOR INTERVIEW / WRITTEN EXAMINATION/DOCUMENTS VERIFICATION

Name Of candidate :

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Address for Correspondence:.....

.....Mobile No.....

Affix self
attested
passport size
photograph

Centre of Examination / Interview
(For Official Use)

.....

Signature Of candidate

Left Thumb Impression of candidate

Registrar



PROFORMA – 4
(Copy -2)

UTTARAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A
member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

FOR OFFICIAL USE

Application No.....

Date.....

CALL LETTER FOR INTERVIEW / WRITTEN EXAMINATION/DOCUMENTS VERIFICATION

Name Of candidate :.....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Address for Correspondence:.....

.....Mobile No.....

Affix self
attested
passport size
photograph

Centre of Examination / Interview
(For Official Use)

.....

Signature Of candidate

Left Thumb Impression of candidate

Registrar



PROFORMA – 4
(Copy -3)

UTTARAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A
member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

FOR OFFICIAL USE

Application No.....

Date.....

CALL LETTER FOR INTERVIEW / WRITTEN EXAMINATION/DOCUMENTS VERIFICATION

Name Of candidate :.....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Address for Correspondence:.....

.....Mobile No.....

Affix self
attested
passport size
photograph

Centre of Examination / Interview
(For Official Use)

.....

Signature Of candidate

Left Thumb Impression of candidate

Registrar



PROFORMA – 5

UTTARAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F),A
member of All Indian Universities)

Harrawala, Dehradun – 248001

Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

FOR OFFICIAL USE

Application No.....

Date.....

ATTENDANCE SHEET

Name Of candidate :.....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Affix self
attested
passport size
photograph

Signature Of candidate
At the time of Interview / Examination

Left Thumb Impression of candidate
At the time of Interview / Examination

Registrar