



J. S. S. UNIVERSITY

(Established under Section 3 of the UGC Act)

Accredited 'A' Grade by NAAC

J.S.S. Medical Institutions Campus

Sri Shivarathreshwara Nagar, Mysore-570 015, Karnataka, India

Phone No.: 0821-2548392/93 Fax No.: 0821-2548394 Web: www.jssuni.edu.in Email.: registrar@jssuni.edu.in

No. _____

Application for the post of: _____

Affix recent
passport size
photograph

1. Name in Full (in block letters):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Father / Husband Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Date of Birth:

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^{M M}

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^{Y Y} Age: _____ Sex: _____

4. a) Nationality: _____ b) Religion: _____ c) Caste: _____

d) Mother Tongue: _____ e) Marital Status: _____ f) Home state: _____

5. Address: _____

Pin Code: _____ Phone / Mobile No. : _____

E-Mail: _____

6. Languages known (Tick the appropriate box)

Language known									
To Read									
To Write									
To Speak									

7. a) Educational / Career / Qualifications (Please attach one set of attested copies along with this application)

Sl. No	Carrer	Name of the Institution	Year of Passing	Class / Grade	% Marks
1	Std 10 th or equivalent				
2	12 th / II PUC / equivalent				

7. b) Under Graduate

Name of the Institution	Examination passed	University Board	Duration		Class	% Marks
			From	To		

2) Post Graduate (Degree / Diploma)

Name of the Institution	Examination passed	University Board	Duration		Class	% Marks
			From	To		

8. a) Work Experience (Please list your previous employment details starting with the latest / Chronologically).

Sl. No.	Name of the Employer	Period	Desgn / Post held	Scale of Pay	Total Emoluments (Rs.)

b) Administrative or other experience:

c) Details of Membership of Academic / Professional bodies / Registration No.....

d) Details of Publication &

Research _____

9. a) Name & address of 2 references:

1. _____ 2.

b) Indicate your willingness to work any where in India / abroad.

10. Details of fee paid:- Application Fees Rs. _____ receipt No./DD No. _____
& date _____ (Receipt / DD should be enclosed with the application).

11. List of Enclosures:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Declaration:- I attach attested copies of the above certificates / degrees, in support of age, category, qualification and experience etc. The information given above is true & correct to the best of my knowledge.

Place:

Date:

(Name and signature of the candidate)

Note:- application may be sought by paying cash of Rs.120/- in the Office of JSS University, JSS Medical Education Institutions Campus, Sri Shivarathreeshwara Nagara, Mysore.

Or

Application may be down loaded from the website "jssuni.edu.in" and filled application may be submitted to the above address along with **DD of Rs.120/-** payable at **Mysore** in favour of "**Registrar, JSS University**"