



मोरारजी देसाई राष्ट्रीय योग संस्थान (मो.दे.रा.यो.सं.)
MORARJI DESAI NATIONAL INSTITUTE OF YOGA (MDNIY)

आयुष मंत्रालय, भारत सरकार

Ministry of AYUSH, Govt. of India

68, अशोक रोड, नियर गोल डाक खाना, नई दिल्ली - 110001

68, Ashok Road, Near Gole Dak Khana, New Delhi-110001

APPLICATION FORM

**Affix self
attested
recent
Passport Size
Photograph**

Name of the post applied for :

Advertisement No. :

Category applied for : (Unreserved/SC/ST/OBC/PWD/PH)

Details of fee paid Amount (Rs.): Bank DD No. Dated

Bank's Name :

1. **Name in full: Dr./Prof./Shri/Smt./Km.**
(in CAPITAL letters)

2. **Father's/Husband's Name:**

3. **Date of Birth:** DD _____ MM _____ YYYY _____
(in words)

Age (as on closing date of application according to Matriculation Certificate)

4. **Address: (in CAPITAL letters)**

(i) **Present Address (for correspondence, with phone/mobile No. & E-mail):-**

.....

E-mail Id: _____ **Mobile No.** _____

(ii) **Permanent home address:-**

.....

5. **Nationality:** _____ 6. **Sex:** _____ (Male/Female)

7. **Whether belongs to SC/ST/OBC/PWD/PH:** _____
(in support, please enclose a certificate from authorized Issuing Officer)

8. (a) **Mother Tongue:** _____

(b) **Other language(s) which the applicant can speak, read and write fluently:**

9. Examinations passed (Please enclose a self certified copy of each degree/certificate & marksheet):-

Examination	Name of the Degree/Diploma and Board	Name of the College & University	Percentage of marks/OG PA obtained (Aggregate in case of degree programs)	Division obtained	Year of passing	Subject(s) (Major)/ Specialization	Distinction If any
(i) 10+2 or equivalent							
(ii) Bachelor's Degree							
(iii) Master's Degree							
(iv) Doctorate Degree							
(v) Any other examination(s)							

10. Employee Record (Starting from the present position):

Office/Institute/ Organization	Post held	From	To	Scale of Pay & Basic Pay	Nature of Duties	Actual Duration (Years & Months)

Total Experience:

- a. Teaching: Years _____ Months _____
- b. Research: Years _____ Months _____
- c. Research Guide/
Supervisor: Years _____ Months _____
- d. Other : Years _____ Months _____

11. RESEARCH:

a) Research Projects:

S. No.	Title of Project (s)	Period (From-To)/No. of years	Budget	Funding agency	PI or Co-PI (Status)	Status of Project completed /ongoing

- b) Patent/ Innovation/Technology developed/commercialized: _____

- c) No. of candidates (MD/MS/Ph.D.) Supervised: _____

12. Area of Specialization/Super-Specialization: _____

13. SCIENTIFIC PUBLICATIONS (published or accepted):

(a) Research papers and Review (published in peer review & indexed journals only)*

S. No.	Authors	Title	Journal with year, volume & page no.	Index (ISSN)	Impact factor of journal	Citation

(b) Books/ Manual/ Monograph/ Research Bulletins/ Extension Bulletins/ Chapters in Scientific Books, Training/Teaching Manuals*

S. No.	Authors/Co-author	Title	Publisher/Journal with page number	Year

*Enclose separate sheet in the prescribed format (if required)

14. CONFERENCE/WORKSHOP: Total Attended:

a. National: _____

b. International: (i) In the Country: _____ (ii) Abroad: _____

PAPER PRESENTED:

a. National: _____

b. International: (i) In the Country: _____ (ii) Abroad: _____

15. SCHOLARSHIPS/FELLOWSHIPS/AWARDS ETC:

(a) Scholarships and Fellowships received with details:

(b) Honours/Medals/Awards, etc. with details:

16. Extra-curricular activities e.g. Games, sports, NCC, NSS, Community health service/ activities etc.: _____

17. Membership/Fellowship of Scientific Societies/Bodies, if any:

18. Major Academic/Research contribution:

19. Name, address and contract details of two references including one current supervisor/employer:

(1) _____

(2) _____

20. Additional information, if any which you would like to mention in support of your suitability for the post: _____

(Enclose separate sheet, if the space is insufficient in any column)

