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**काशी हिन्दू विश्वविद्यालय**

**BANARAS HINDU UNIVERSITY**

**Application for the post of Director (Post Code-10200), Institute of Medical Sciences, Banaras Hindu University**

**Affix the latest**

**Passport size Photo**

**(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)** |  |
| **Correspondence** **Address** |  |
| **Phone No.** | **Mobile:** | **Landline:** |
| **Email** |  |

**2. Present Position :**

|  |  |
| --- | --- |
| **Designation**  |  |
| **Organization**  |  |
| **Pay Scale** |  |
| **Date of appointment to the present post** |  |
| **Total experience (in years and months)** |  |

**3. Details of experience possessed as per eligibility criteria:**

10 years’ Professorship or equivalent as per current norms of the Regulatory Body.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Post Held** | **Pay Scale** | **Organization** | **Nature of Duties** | **Experience (in years and months)** |
|  |  |  |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Qualification** | **University** | **Year of passing** | **No. of attempts** | **Subject** |
| (a) | Graduation |  |  |  |  |
| (b) | Post-graduation |  |  |  |  |

**5. Details of experience in administration in the following categories:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Designation** | **Organization/ University** | **Duration** | **Experience (in years and months)** |
| **From (Date)** | **To (Date)** |
| 1. | Head of Institute  |  |  |  |  |
| 2. | Deputy Director |  |  |  |  |
| 3. | Dean/Associate Dean/Sub-Dean |  |  |  |  |
| 4. | Medical Superintendent |  |  |  |  |
| 5. | Head of the Department |  |  |  |  |
| 6. | Professor In-charge & Wardenship etc. |  |  |  |  |
| 7. | Member of Academic Council/Senate/Executive Council/BoG |  |  |  |  |
| 8. | Head of Clinical Departments |  |  |  |  |
| 9. | Head of Unit |  |  |  |  |
| 10. | Other experience similar to above. |  |  |  |  |

**6. (a) Academic/Teaching Experience & responsibilities (In chronological order from latest to oldest):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Post**  | **Organization/ University** | **Scale of pay/Pay Band with grade pay (Level in the pay matrix)** | **Duration** | **Experience (in years and months)** |
| **From (Date)** | **To (Date)** |
| 1. | Director Professor (HAG Scale) |  |  |  |  |  |
| 2. | Professor |  |  |  |  |  |
| 3. | Associate Professor |  |  |  |  |  |
| 4. | Lecturer/Assistant Professor |  |  |  |  |  |

**6. (c) Involvement with formulation of academic programmes/Medical Innovations/ Medical Technologies:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Nomenclature of Innovative Academic Programmes Formulated** | **Date of approval by Academic Council** | **Year of Introduction** |
|  |  |  |  |

**6. (d) Important MoUs formulated for academic collaborations:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **MoUs formulated** | **Name of Agencies/Departments involved** | **Year of MoUs** |
|  |  |  |  |

**6. (e) Important Medical Curriculum formulated for academic collaborations with different Universities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Medical Curriculum formulated** | **Institute/University** | **Year**  |
|  |  |  |  |

**6. (f) Positions of Chairs:**

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

**7. International academic Exposure, if any:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.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. Publications:**

**B. I. Kindly provide list of scholarly publications in PubMed indexed journals alongwith PMID No.:**

**Total Publications ……………………………….**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Date** | **Title** | **Name of journal** | **PMID No.** | **Number of citations (where possible)** |
|  |  |  |  |  |  |

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

**Total Publications ……………………………….**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Date** | **Title** | **Name of journal** | **Indexing Agency** | **Number of citations (where possible)** |
|  |  |  |  |  |  |

**B. III. Patent:**

**Total Patent ……………………………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Title** | **Brief Description of Patent** | **Name of patent agency** | **File Number** |
|  |  |  |  |  |

**B. IV. List of articles in popular magazines or newspapers:**

**Total Articles ……………………………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Date** | **Title** | **Name of Magazine/Newspaper**  |
|  |  |  |  |

**C. Participation and scholarly presentations in conferences:**

**C. I. National:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Date** | **Title of Conference or Institution**  | **Title/Subject of presentation (if made)**  |
|  |  |  |  |

**C. II. International:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.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  |  |
| Others (Specify) | International |  |
|  | National  |  |

**9. Research Project:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Client/Organization’s name**  | **Nature of project** | **Duration of project** | **Amount of grant (Rupees)** |
|  |  |  |  |  |

**10. Consulting experience:**

**List key consulting assignments undertaken:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.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 process not to be included)** |
|  |  |

**13. Strengths (in 100 words):**

|  |
| --- |
|  |

**14. Your Vision for the Institute of Medical Sciences, BHU (upto 500 Words):**

|  |
| --- |
|  |

**15. Details of three Referees:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Referee** | **Post held by Referee** | **Email** | **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 Director, IMS as per Act/ Statutes etc. and other applicable rules.

**(Signature of applicant)**

Date: ………………..

Place: ……………….

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