

**FORMAT OF APPLICATION FOR THE POST OF VICE-CHANCELLOR  
OF HEMWATI NANDAN BAHUGUNA UTTARAKHAND MEDICAL  
EDUCATION UNIVERSITY, DEHRADUN (UTTARAKHAND)**

(Applicant is requested to type the information in the given format, and can add more lines  
whenever required.)

Affix the latest  
passport-size color  
photograph

**1. GENERAL INFORMATION OF APPLICANT:**

<b>Name (In capital letters)</b>		
<b>Father's Name (In capital letters)</b>		
<b>Date of Birth (DD/MM/YY)</b>		<b>Age</b>
<b>Correspondence Address</b>		
<b>Phone No</b>	<b>Mobile No.:</b>	
	<b>Landline No.:</b>	
<b>Email</b>		

**2. PRESENT APPOINTMENT (if any):**

<b>(a)</b>	<b>Designation</b>	
<b>(b)</b>	<b>Organization</b>	
<b>(c)</b>	<b>Pay Scale</b>	
<b>(d)</b>	<b>Date of appointment to the present post</b>	
<b>(e)</b>	<b>Total experience (in year and month)</b>	

**3. DETAILS OF EXPERIENCE POSSESSED AS PER ELIGIBILITY  
CRITERIA:**

<b>S. No</b>	<b>Post held</b>	<b>Pay Scale</b>	<b>Organization</b>	<b>Nature of duties</b>	<b>Experience (in years and months)</b>

#### 4. EDUCATIONAL QUALIFICATION:

S. No	Qualification	University	Year	Subject/ Topic	Percentage Achieved	Distinction etc.
1.	High School (as proof of age)					
2.	Under Graduate (MBBS/others)					
3.	Post Graduate (MD/MS/others)					
4.	Super Specialization (DM/M. Ch/ others)					
5.	Ph.D.					
6.	Post Doctoral					
7.	Any other Qualification					

#### 5. ADMINISTRATIVE EXPERIENCE/POST(S) & RESPONSIBILITIES HELD:

S. No	Post	Organization /University	Duration		Experience (in Years and Months)
			From (Date)	To (Date)	
1.	Head of Department				
2.	Chairman, Board of Studies				
3.	Member, Board of Studies				
4.	Dean of Faculty				
5.	Member of Academic Council				
6.	Member of Executive Council				
7.	Member of Professional/ Academic Bodies				
8.	Others (Specify)				

#### 6 (a) ACADEMIC/TEACHING EXPERIENCE RESPONSIBILITIES ( in chronological order from latest to oldest):

S. No	Post	Organization/ University	Duration		Experience (in Years and Months)
			From (Date)	To (Date)	

**(b) Participation and contribution in relevant areas of Medical Education:**

	Organization	Area of specialization
Visiting Professor		
Resource Person		
Other (Specify)		

**(c) Involvement with the formulation of academic programmes:**

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

**(d) Position of Chairs (if any):**

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		In years and months
				From	To	

**8. SCHOLARLY ACHIEVEMENTS:****A. Contribution to Journal and Books:**

Contribution	Details
Books Authored	
Editor in Chief	
Editorships	
Peer reviewer for	
Member of the International Advisory Board	
Other (Specify)	

**B. Publication:**

Kindly provide a list of best scholarly publications in recognized professional and/ or academic journals

Total Publications, .....( )

S. No	Date	Title	Name of the Journal	Referred journal or not	Number of Citations (where possible)

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:**

**National**

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

**International :**

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

**D. Participation and contribution in National/ International Forum in the area of your academic and professional expertise:**

Participation		Number(s)
Plenary Lectures/ Invited Talks	International	
	National	
Congresses attended	International	
	National	
Examinership etc.	International	
	National	
Conferences/FDP Organized/Patronized	International	
	National	
Other (Specify)	International	
	National	

**9. RESEARCH PROJECTS:**

S. No	Client/Organization's Name	Nature of Projects	Duration of project	Amount of grant (Rupees)

**10. CONSULTING EXPERIENCE:**

**List key consulting assignments undertaken**

S. No.	Client/ Organization name	Nature of assignment	Duration of assignment

**11. HONOURS/AWARDS & FELLOWSHIPS FOR OUTSTANDING WORK:**

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

**12. NO OF RESEARCH SCHOLARS (MD/MS/Post doc/PhD/others) SUCCESSFULLY GUIDED:**

Name of Programme	Awarded (No.) (Under progress not to be included)

**13. AREA OF SPECIALLIZATION - (in 100 words) :**

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**14. STRENGTH ( in 100 words):**

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**15. YOUR VISION FOR THE UNIVERSITY (up to 500 words):**

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**16. DETAILS OF REFEREES, if any:**

<b>S. No.</b>	<b>Name of the referees</b>	<b>Post held by Referee</b>	<b>Email</b>	<b>Phone No.</b>	<b>Mobile No</b>

**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 Vice Chancellor as per Act/ Statutes etc. and other applicable rules.**

Place:

(Signature of the applicant)

Date: