JSS Academy of Higher Education & Research Accredited 'A+' Grade by NAAC Sri Shivarathreeshwara Nagar, Mysuru - 570 015. Ph: 0821 - 2548400. Website: www.jssuni.edu.in



REGISTRAR

Applications are invited for appointment to the following posts to JSS Medical College, Mysuru.

| SI.No. | Post | Department |
|--------|------------------------|--|
| 01 | Professor | Emergency Medicine Hospital Administration |
| 02 | Assistant Professor | General Medicine General Surgery |
| 03 | Senior Resident | > General Medicine > General Surgery > Emergency Medicine > Anatomy > Physiology > Biochemistry > Forensic Medicine |

Note: 1. Qualification and experience as per norms

2. Salary will be commensurate with qualification & experience. Application form may be downloaded from the JSS AHER Website www.jssuni.edu.in and the filled in application form or CV shall be submitted on or before 05-05-2022 to the Principal, JSS Medical College, Sri Shivarathreeshwara Nagar, Mysuru-570015. Sd/-

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| JSS Academy | of Higher | ^e Education | Å | Kesearch |



(Deemed-to-be-University) Accredited A⁺ Grade by NAAC Sri Shivarathreeshwara Nagar, Mysuru-57 0 015, Karnataka, India.

Phone No.: 0821-2548393 / 2548400, Fax No.: 0821-2548394, mail: registrar@jssuni.edu.in, web: www.jssuni.edu.in

| No | | | | | | | | | Affix | |
|---------------------------------|------------|---------|--------|---|-----------|-------|---|------|--------|-----|
| Application for the post of: | | | | | | | | pass | port s | ize |
| Department: | | | | | | | | рпо | togra | рп |
| | | | | | | | L | | | |
| 1. Name in Full (in block lette | rs): | | | | | | | | | |
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| | | | | | | | | | | |
| 2. Father / Husband Name: | | | | | | | | | | |
| 3. Date of Birth: | M Y Y | | Age: _ | | S | ex: _ | | | | |
| 4. a) Nationality: | b) Reli | gion: | | | c) Ca | ste: | | | | |
| d) Mother Tongue: | | | | | | | | | | |
| 5. Address: | | | | | | | | | | _ |
| | | | | | | | | | | |
| Pin Code: | Phone / Mc | bile No | .: | | | | | | | |
| E-Mail: | | | | | | | | | | |
| 6. Languages known (Tick the a | | | | | | | | | | _ |
| Languages | | | | | | | | | | |
| 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 | Career | Name of the Institution | Year of Passing | Class / Grade | % Marks |
|-----------|--|-------------------------|--------------------|------------------|------------|
| 1 | Std 10 th or equivalent | | | | |
| 2 | 12 th / II PUC / equivalent | | | | |

b) Undergraduate:

| Name of the | Examination | University | Dura | tion | Class | % Marks |
|-------------|-------------|------------|------|------|-------|------------|
| Institution | passed | Board | From | То | Class | Marks |
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c) Postgraduate (Degree / Diploma)

| Name of the | Examination | University | Dura | tion | Class | % |
|-------------|-------------|------------|------|------|-------|-------|
| Institution | passed | Board | From | То | Class | Marks |
| | | | | | | |
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8. a) Work Experience (Please list your previous employment details starting with the latest / Chronologically).

| Sl. No. | Name of the Employer | Period | Design / Post held | Scale of Pay | Total Emoluments (₹) |
|------------|----------------------|--------|-----------------------|--------------|----------------------------|
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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 |
|---------------------|-----------------------------|------------------------------------|
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| | | |
|) Indicate your wi | llingness to work anywhere | in India / abroad. |
| 0 Datails of fac n | aide Application Ecos Da | receipt No /DD No |
| 0. Details of fee p | and: - Application Fees Ks. | receipt No./DD No |
| & date | (Receipt / DD should b | be enclosed with the application). |
| 1. List of Enclosu | res: | |
| 1 | | 2 |
| 3 | | 4 |
| | | 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)

<u>Note</u>: - application may be sought by paying cash of Rs.200/- in the Office of JSS Academy of Higher Education & Research, Medical Education Institutions Campus, Sri Shivarathreeshwara Nagara, Mysuru.

OR

Application may be downloaded from the website "<u>www.jssuni.edu.in</u>" and filled application may be submitted to the above address along with DD of Rs.200/- payable at Mysuru in favour of "**Registrar**, JSS Academy of Higher Education & Research, Mysuru".

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