



# UTTARAKHAND AYURVED UNIVERSITY

( An autonomous body of state govt. recommend by UGC under section 1956 (2F),A  
member of All Indian Universities)

Harrawala, Dehradun – 248001

Help Line No.  **%+91-7895305763**

## **GENERAL INSTRUCTIONS FOR CANDIDATES FOR FILLING APPLICATION FORM**

### **(Hospital & Technical Posts)**

1. Candidates must read all the instructions carefully before filling the application form.
2. Only one application form is accepted by one candidate. More than one application form for different post will not be accepted and both the applications will be rejected in that case.
3. Candidate must be assure himself about his/ her own eligibility criteria and experience (if applicable).
4. Candidates have to download the application form (1. Application Form for Teaching Faculty, 2. Application for Hospital Staff) from the Web site: [www.uau.ac.in](http://www.uau.ac.in)
5. Take the print out of form which is to be filled by the candidate in his/ her own handwriting with blue / black ball pen. No blank space should be left in the form, mention- NA if not applicable for any column. Form must be completed with signature as well as thumb impression at the space given.
6. Application Form has FIVE proforma to be filled- 1<sup>st</sup> is the application form, 2<sup>nd</sup> is the list of enclosures, (should be filled in duplicate), 3<sup>rd</sup> is the merit index (should be filled in duplicate) and 4<sup>th</sup> is Call Letter for Candidate (should be filled in triplicate), 5<sup>th</sup> is attendance sheet. All must be filled by the candidates own hand writing. Candidate should not write in the space left for office use.
7. Application fee will be enclosed with the application form as Demand Draft, at the name of "Finance Officer, Uttarakhand Ayurved University, Dehradun" Payable at Dehradun.
8. Attach all the relevant self attested photo copies as per the number of enclosures mentioned in the form by the candidate. In case, candidate fail to enclose any of his/her document, that it will be one of the reason for form rejection.
9. Application form must be sent through registered post / speed post only. Application form will not be acceptable by any other mode. Date of form submission is from 31<sup>st</sup> December 2016 to 31<sup>st</sup> January 2017, up to evening 5:00 PM. After the given date and time, no application will be entertained.
10. Over the envelop, mention and underline the Application form for which post and subject code. Address- "Registrar, Uttarakhand Ayurved University, Harawala Dehradun". Candidate must also mention his/her complete address and phone number on the envelop.
11. Also enclose three stamped ( one for speed Post @ Rs. 40/-) and complete self addressed envelope with the form.
12. Eligibility and registration and age of the candidates will be considered till the date of advertisement of this post.
13. Candidate must enclose the NOC in the given column, if working at any institution.
14. For number of Posts, eligibility, experience, D.D and other details, please visit the Web site: [www.uau.ac.in](http://www.uau.ac.in)



**PROFORMA – 1**

# UTTARAKHAND AYURVED UNIVERSITY

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Tel No. : 0135–2685124, Fax : 0135-2685137 Website : www.uau.ac.in e mail : info@uau.ac.in

Advertisement No. ....Post Code Applied For.....

**Fee Details :**

Amount : .....DD No.....Date.....  
Name of Bank & Branch.....

Name Of Candidate : .....

Mother's Name : .....

Father's Name : .....

Date of birth :(dd/mm/yyyy).....

Category : SC / ST / OBC / GEN.....Sub-category if Any : .....

Nationality:..... Domicile State : .....

Address : .....

.....Mobile No.....

Identity Proof ( Adhar Card/PAN card/Voter Id card ) No.....



**Academic Details :**

Qualification	Board / University	Passing Year	Division/Percentage	Subject
High school (10)				
Intermediate (10+2)				
Graduation/ Diploma				
Post Graduation/ Diploma				
Specialization				
Others				

**Experience Details :**

S. No.	College/Institution/Hospital	Post held	From	To	Pay scale
1					
2					
3					

**Current Position :**

Name of Post :.....Department :..... Institution :.....Date of Appointment.....
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**Declaration By the candidate :**

I hereby declare that above information given by me is correct to the best of my knowledge. if any information found incorrect, My candidature shall stand cancelled and university can take further action also.

--

Signature of candidate

--

Left Thumb Impression

**No object Certificate from Present Employer/Head Of Institution**

<p>This is to certify that Mr.....S/O, D/O, W/O.....is working in our institution on post of .....in the department of.....since ..... Institute has no objection in appearance before interview/examination for the post he/she is applying.</p> <p style="text-align: right;"><b>Employer with Seal</b></p>
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**Remarks ( For Office Use Only)**

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**PROFORMA – 2( To be filled in Duplicate)**  
(copy- 1)



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<b>FOR OFFICIAL USE</b>	
Application No.....	Date.....

Name Of candidate : .....

Date Of Birth : (dd/mm/yyyy)..... Category.....Sub category if any.....

Post applied For.....Subject / Specialty.....

**List Of Enclosures:**

S.No.	Enclosures	
1	High School Marksheet	
2	High school Certificate	
3	Intermediate Marksheet	
4	Intermediate Certificate	
5	BAMS/ B.Sc. marksheets	
6	Internship Certificate	
7	BAMS/ Bsc. degree Certificate	
8	MD/MS (Ay)/ Post graduation Certificate	
9	Ph.D./ Specialization Degree Certificate	
10	Experience Certificates	
15	Demand Draft for Fee	

Signature of candidate

<b>REMARKS ( For Official Use Only)</b>
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Registrar



**PROFORMA – 2**  
(copy -2)

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<b>FOR OFFICIAL USE</b>	
Application No.....	Date.....

**Name Of candidate :** .....

**Date Of Birth :** (dd/mm/yyyy)..... **Category**..... **Sub category if any**.....

**Post applied For**..... **Subject / Specialty**.....

**List Of Enclosures:**

S.No.	Enclosures	
1	High School Marksheet	
2	High school Certificate	
3	Intermediate Marksheet	
4	Intermediate Certificate	
5	BAMS/ B.Sc. marksheets	
6	Internship Certificate	
7	BAMS/ Bsc. degree Certificate	
8	MD/MS (Ay)/ Post graduation Certificate	
9	Ph.D./ Specialization Degree Certificate	
10	Experience Certificates	
15	Demand Draft for Fee	

**Signature of candidate**

<b>REMARKS ( For Official Use Only)</b>
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**Registrar**

**PROFORMA – 3 ( To be filled in Duplicate)**

(copy-1)



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<b>FOR OFFICIAL USE</b>	
Application No.....	Date.....

Name Of candidate : .....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Affix self  
attested  
passport size  
photograph

### MERIT INDEX

Qualification	Subjects	Marks Obtained/ Maximum marks	Percentage	Remark (Official Use)
High School (10)				
Intermediate (10+2)				
Graduation/ Diploma				
Post Graduation				
Specialization				

### Total Experience

Years	Months	Days	Remarks(Official Use)

Signature of Candidate



**PROFORMA – 3**  
(copy-2)

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<b>FOR OFFICIAL USE</b>	
Application No.....	Date.....

Name Of candidate : .....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Affix self  
attested  
passport size  
photograph

### MERIT INDEX

Qualification	Subjects	Marks Obtained/ Maximum marks	Percentage	Remark (Official Use)
High School (10)				
Intermediate (10+2)				
Graduation/ Diploma				
Post Graduation				
Specialization				

### Total Experience

Years	Months	Days	Remarks(Official Use)

Signature of Candidate



**PROFORMA – 4**  
**(to be filled in Triplicate)(Copy -1)**

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**FOR OFFICIAL USE**

Application No.....

Date.....

**CALL LETTER FOR INTERVIEW / WRITTEN EXAMINATION/DOCUMENTS VERIFICATION**

Name Of candidate :.....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Address for Correspondence:.....

.....Mobile No.....

Affix self  
attested  
passport size  
photograph

**Centre of Examination / Interview**  
**(For Official Use)**

.....

Signature Of candidate

Left Thumb Impression of candidate

**Registrar**





**PROFORMA – 4**  
(Copy -2)

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**FOR OFFICIAL USE**

Application No.....

Date.....

**CALL LETTER FOR INTERVIEW / WRITTEN EXAMINATION/DOCUMENTS VERIFICATION**

Name Of candidate :.....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Address for Correspondence:.....

.....Mobile No.....

Affix self  
attested  
passport size  
photograph

**Centre of Examination / Interview**  
(For Official Use)

.....

Signature Of candidate

Left Thumb Impression of candidate

**Registrar**



**PROFORMA – 4**  
**(Copy -3)**

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**FOR OFFICIAL USE**

Application No.....

Date.....

**CALL LETTER FOR INTERVIEW / WRITTEN EXAMINATION/DOCUMENTS VERIFICATION**

Name Of candidate :.....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Address for Correspondence:.....

.....Mobile No.....

Affix self  
attested  
passport size  
photograph

**Centre of Examination / Interview**  
**(For Official Use)**

.....

Signature Of candidate

Left Thumb Impression of candidate

**Registrar**



**PROFORMA – 5**

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**FOR OFFICIAL USE**

Application No.....

Date.....

**ATTENDANCE SHEET**

Name Of candidate :.....

Date Of Birth : (dd/mm/yyyy).....

Post applied For.....

Subject / Specialty.....

Category..... Sub category if any.....

Affix self  
attested  
passport size  
photograph

Signature Of candidate  
At the time of Interview / Examination

Left Thumb Impression of candidate  
At the time of Interview / Examination

**Registrar**