



**SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH
(A Deemed to be University)**

Tamaka, Kolar-563 103, Karnataka, India.

Phone : 08152- 243003, Mob No. 9448395230. E-mail: registrar@sduu.ac.in

No. SDUAHER/KLR/ADMN/ 2903 /2019-20

Date: 13-02-2020

RECRUITMENT NOTICE

Applications are invited from eligible candidates in the prescribed format for the following posts at Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar:

Departments	Cadres	Starting salary	Qualification
<u>Clinical Subjects:</u> Anesthesiology, Ophthalmology, ENT, Medicine, Paediatric, Surgery, OBG, Orthopaedics, Dermatology, TB & CD, Radio-Diagnosis, Psychiatry	Professors	Rs.1,40,075/-	As per MCI Norms
	Assoc. Professors	Rs.1,24,758/-	
	Asst. Professors	Rs.1,00,000/-	

Please visit www.sduu.ac.in for further details. Apply by 10-03-2020

Sd/-Registrar

Application form

Advertisement No & Date

Application for the post of.....

Passport size
Photo

1. Name (IN BLOCK LETTERS)	(Surname) (First name) (Middle initial)		
2. Father's Name			
3. Date of Birth			
4. Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>		
5. Nationality			
6. Category / Caste	SC/ ST/ OBC/ Others :		
7. Languages Known	Language Name	Yes	No
	English		
	Kannada		
	Hindi		
8. Email address			
9. Contact Numbers	Mobile: Landline:		
10. Address	Present		
	Permanent		

11. Educational Qualifications					
Sl. No.	Qualification	Discipline/ Specialization	University/ College	Year of passing	Percentage
1.	Post Doctoral				
2.	Ph.D / M.Phil.				
3.	Post Graduation				
4.	Graduation				
5.	S.S.L.C / S.S.C				
6.	Other				

12. Knowledge of Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No
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13. Awards and Honours

14. Experience

Sl. No.	Designation	Tenure / Period	Organization	Reason for leaving
1				
2				
3				
4				

15. Brief details of experience, skills, expertise, you have acquired relevant to the position applied for (attach extra sheets if required)

16. Area(s) of academic/research interest	
17. Publications	

18. Copies of Testimonials attached with the application (Please list them).

1.	
2.	
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9.	
10.	

19. References (with telephone numbers/email)		
20. Any other Information		

DECLARATION

I hereby declare that all the information furnished above is true to the best of my knowledge.

(Signature of the Candidate)