



# AISSMS

ALL INDIA SHRI SHIVAJI MEMORIAL SOCIETY  
PREMIER HERITAGE GROUP OF INSTITUTES



55-56 Shivajinagar, Pune – 411005.

Tel : 020-26058204, 26058208 (COP), email: contact@aissmscop.com Visit : [www.aissmscop.com](http://www.aissmscop.com),

Form No.:

## APPLICATION FORM

[Latest Passport  
size Color  
Photograph]

With reference to the advertisement dated \_\_\_\_\_ published in \_\_\_\_\_

I, wish to apply for the post of \_\_\_\_\_

in the discipline (Branch) of \_\_\_\_\_

1) Full Name : \_\_\_\_\_  
(Surname) (First name) (Middle name)

Address  
(for correspondence) \_\_\_\_\_  
\_\_\_\_\_

Pin : \_\_\_\_\_ Phone : \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

2) \* Date of Birth & Place : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD/MM/YY) & \_\_\_\_\_

3) Nationality : \_\_\_\_\_

4) Gender : Male / Female / Other

5) \* Caste Category : Open / Reserved (SC, ST, DTNT, OBC, etc.) Specify \_\_\_\_\_

6) Married Status : Married / Signal

7) Mother Tongue : \_\_\_\_\_,

8) Languages known

Language	Speak	Read	Write

9) \* Academic Qualifications (Starting from S.S.C.)

Sr. No.	Exam.Passed	Passing Year	Board/University	Main Subject	Class, % Marks, No.of Attempts	Remarks (Rank etc.if any)

10) \* Experience

Sr. No.	Name of Establishment	Post Held	Period		Last Pay	Nature of Work
			From	To		

**Total Experience =**            (Teaching =            , Industrial =            , Research =            )

11)\*For Professor/Associate Professor post, if you are M. Pharm First Class & Ph.D. : \_\_\_\_\_

12) \* Membership of Professional bodies : \_\_\_\_\_

13) \* Achievements (Awards, medals, etc.) : \_\_\_\_\_

14) \* Paper Published/Presented : **As per Annexure - I (Mandatory for the post of Associate Professor and Professor) (Enclose copies of the proof)**

15) \* Book / Book Chapter published (Nos) : \_\_\_\_\_

16) Areas of Interest : \_\_\_\_\_

17) \* Patents/Copyrights (Published/Granted): \_\_\_\_\_

18) Minimum salary expected : \_\_\_\_\_

19) Notice period required to join the post, if selected. : \_\_\_\_\_

20) Other information, if any : \_\_\_\_\_

21) Please specify four areas of your probable contribution to College 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I hereby certify that the above information given is true and correct.

( Signature of Candidate & Date)

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**\* Self Attested photo copies of the necessary certificates etc. to be enclosed. Use separate sheet(s) wherever necessary. (X) Strike out whichever is not applicable.**

## **List of required documents enclosed for application :**

1. B. Pharm Marksheet and Degree Certificate
2. M. Pharm Marksheet and Degree Certificate
3. Ph.D Notification / Degree Certificate (For Professor, Associate Professor and other)
4. Caste Certificate (if applicable)
5. Caste Validity Certificate (if applicable)
6. Non-Creamy layer (if applicable)
7. Previous University Approval letter
8. Experience Certificate
9. Pharmacy Council of India Registration Number & Certificate
10. Details of Paper publication in Journal as per **Annexure-I** with documents  
(For Professor, Associate Professor and other)
11. Marriage / Name Changed Certificate (if applicable)
12. Relieving Certificate / Discharge Certificate for previous employer (if any)
13. Last salary certificate
14. Latest Passport Sized Photographs in Colour
15. Character Certificate
16. PAN Card
17. Aadhar Card

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# Annexure I

## [List of paper published in Journal]

( Only for the Post of Associate Professor and Professor )

<b>Name of the Candidate :</b>					<b>Post applied for :</b>					
<b>Date of Ph.D. Completion :</b>					<b>Approved Experience @ the level of Associate Professor</b> ( Only for the post of professor ) :                      Years					
<b>Sr No</b>	<b>Name of All Authors</b>	<b>Title of the Paper</b>	<b>Date of Publication</b>	<b>Journal name</b>	<b>Journal ISSN Number</b>	<b>Issue / Volume</b>	<b>Journal Index in as per UGC CARE List</b>			
							<b>UGC CARE LIST I (Yes / No)</b>	<b>UGC CARE LIST II (Yes / No)</b>		
							<b>SCOPUS Source List</b>	<b>Social Citation Index / WOS</b>	<b>Science Citation Index Expanded (SCIE)</b>	
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
1										
2										
3										
4										
5										

(Please enclosed PDF of journal paper First page )

**Name and Signature of Candidate**

**Additional Information to be furnished:**

- 1) **Details of subjects taught**
  
- 2) **Grants received**
  
- 3) **Number of PG/ Ph.D. students guided**
  
- 4) **Number and details of Collaborations / MOU**