

ARMY INSTITUTE OF NURSING, GUWAHATI C/O 151 BASE HOSPITAL BASISTHA, GUWAHATI, ASSAM Ph: 6901299910



Application Form for Academic Staff: Associate Professor / Assistant Professor

(Please tick the designation you applied for)

1.	Per	sonal Data :	
	(a) (b)	Name in full(Capital Letters) Daughter/Wife/Son of	Affix recent Passport size photograph here
	(c)	Date of Birth	
	(0)		
	(d)	Age as on 30 Aug 2025 : Years Months Months	Days
	(e)	Address for communication:	
		Tele / Mobile : Email ID	
2.	Reg	gistration Details:	
	(a)	Registration No with the Nursing Council:	
		(i) RN dated	
		(ii) RM dated	
	(b)	Name of state in which registered:	

3.	Educational Qualifications (attach self attested photocopies of certificates)
	Give particulars of all examination you have passed.

(a) **Under Graduate**:

Examina tion Passed	Year of Passing	% of marks	No of attempts	Class/ Division	University / Institution

You may attach a separate sheet, if necessary.

(b) <u>Educational Qualifications</u> (attach self attested photocopies of certificates) Give particulars of all examination you have passed.

Post Graduate :

Examina tion Passed	Year of Passing	% of marks	No of attempts	Class/ Division	University / Institution

You may attach a separate sheet, if necessary.

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Details of prizes, Medals, Scholar	ships & National/ Internat	tional Award	s etc.				
(Please attached particulars)							
Research Experience Details:							

National/	National/ In	nternational	Accepted for	Presented at
International	Indexed	Non Indexed	Publication	Conference

4. Experience (Fill in particulars in chronological order starting your first appointment and attach self attested photocopies of experience certificates).

(a) Teaching:

Post Held	Pe	riod	To	tal Perio	d	Name of
	From To Year Mon		Month	Days	Organization with Address & Phone No	

You may attach a separate sheet, if necessary

5.	Other Skills					
6.	Hobbies					
7.	Aspiration (Which you believe will be valuable to this institution, Min 50 words)					
8.	Present Employment Details :					
	(a) Appointment and Organization Nar	ne with Address :				
	(b) Salary					
	I solemnly state that all the above na	rticulars/statements are true to the best of my				
know		n case any particulars given above are found to				
	alse at any later date, my services are liable					
Date	e:	(Signature of Applicant)				

- <u>Note</u>: 1. Application will be invalid in case at any stage it is found that the candidate is not meeting the minimum laid down criteria or has furnished false information.
 - 2. Only shortlisted candidates will be called for interview via email or telephone.
 - 3. College Administration reserves the rights to cancel any vacancy due to administrative/ policy reasons