

# बिहार स्वास्थ्य विज्ञान विश्वविद्यालय

## BIHAR UNIVERSITY OF HEALTH SCIENCES

मीठापुर, पटना-800 001 (बिहार)

Tel-0612-2356912, 2356913, Website-buhs.ac.in, Email-registrarbuhs-bih@gov.in

### APPLICATION FORM FOR THE POST OF .....

1. Name (in Capital letters): .....

2. Date of Birth and Age: ..... Date of Retirement.....

3. Present Designation: .....

4. Address for correspondence with Pin Code: .....

.....

.....

Email id ..... Mobile No .....

5. Permanent Address with Pin Code: .....

.....

.....

6. Educational Qualification:-

Sl. No.	Qualification	University	Passing Year	Specialization (PG)	Percentage	Remarks

**7. Service History/Teaching Experience:**

Sl. No.	Post	Institute/Department	Duration		Total Exp
			From	To	

**8. Publication:**

Kindly provide no of scholarly publications in recognised professional and/or academic journals.

Total No. of Journal Publish (National) : .....

Total No. of Journal Publish (International) : .....

**9. Total No. of Seminar/Conference Attended:**

No. of National Seminar/Conference Attended: .....

No. of International Seminar/Conference Attended: .....

**10. Any Charges/Case/Departmental Proceedings pending against the applicant, if any:-**

Place:

Signature of Applicant

Date:

**Note: Application Form should be computerized and put signature on each page.**