Amar Jyoti
CHARITABLE TRUST

Amar Jyoti Institute of Physiotherapy
University of Delhi

requires

FACULTY

Eligibility

1. Master's Degree in Physiotherapy (Cardio/ Neuro) from UGC recogn. Institute / University with min. of 55% marks
2. Eligibility to register with The Delhi Council for Physiotherapy and IAP

Academic exp. preferable

Apply on prescribed format (downloadable from our website) with CV and certificates to:

The Principal, Amar Jyoti Institute of Physiotherapy, Vikas Marg, Karkardooma , Delhi-110092. Tel: 22379827, 22375512; Fax : 22372521

E-mail: info@ajipt.org; www.ajipt.org

Last Date of applying- 20/6/12.

Only short listed candidates will be interviewed.

Amar Jyoti Institute of Physiotherapy
University of Delhi
Karkar Dooma, Vikas Marg, Delhi-110092
Ph:22379827, 22375512 Fax:22372521
Email: info@ajipt.org Website: www.ajipt.org

APPLICATION FORM FOR FACULTY POSITIONS

Name	
Date of Birth	
Current Address	
Permanent Address	
Marital status	
E-mail	
Contact No (Include Mobile No.)	

EDUCATION:

- **Under Graduate Education :** _____
  (Name of College & University)
- **Year of Completion :** _____
- **Aggregate :** _____

- **Post Graduate Education : _____**
  (Name of College & University)
- **Year of Completion : _____**
- **Percentage : _____**

- **Details of any other Higher Qualification :**

  _____

  _____

- **Details of any additional courses/workshops attended :**

  _____

  _____

  _____

  _____

EXPERIENCE:

- **Details of Clinical Experience (After completion of Under Graduate Course) :**

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- **Details of Teaching Experience (After completion of Post-Graduate Course) :**

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REGISTRATION:

- **Indian Association of Physiotherapy (Registration No.): _____**
- **The Delhi Council for Physiotherapy and Occupational Therapy (Registration No.): _____**

PUBLICATIONS(please attach copies) :

- _____

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AWARDS :

- _____

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_____

PRESENTATION :

- _____

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Any other details about you that would like to share with us:

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Declaration

The information given by me is true to the best of my knowledge. I fully understand that in case any information given by me is false, appropriate action may be taken against me.

Date : _____ **Signature :**
_____