



Amar Jyoti Institute of Physiotherapy University of Delhi

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APPLICATION FORM FOR FACULTY POSITIONS(full time)

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) :**

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

REGISTRATION:

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

PUBLICATIONS(please attach copies) :

- _____

AWARDS :

- _____

PRESENTATION :

- _____

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



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 :