**(Ref: Advt. No. AUD/3-9(10)/(SHS/2016 Dated 15.11.2016) PRO FORMA 3**

**APPLICATION FORM FOR**

**PSYCHOTHERAPIST(at the level of Assistant Professor)**

**Note 1. Fill in application in block letters or type.**

 **2. Attach separate page(s) in case of insufficient space in any column.**

**3.** Completed forms should be sent through e-mail as pdf or word attachment to shsoffice@aud.ac.in *OR* as hard copy by post or courier to **Director, CPCR, School of Human Studies, Ambedkar University Delhi, Kashmere Gate Campus, Delhi 110006.**

**4. See website (www.aud.ac.in) for details about schools, programme structures, etc.**

1. Nature of Desired Engagement: Temporary Appointment

 Please tick: Full time \_\_\_\_\_\_\_\_\_ Part-time \_\_\_\_\_\_\_\_\_

2. a) Schools/programmes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b)Area(s) of specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name in full : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Address for correspondence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. (a) Tel. no. (with STD code):

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 (b) Mobile no. :

 (c) E-mail address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  | (Day) |  |  | (Month) |  |  |  |  | (Year) |

6. Date of birth :

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7. Nationality/citizenship :

8. Educational qualifications (attach additional pages if necessary):

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| --- | --- | --- | --- | --- | --- |
| **Examination/Degree** | **University/ Board** | **Year** **Awarded** | **Division** | **Percentage marks/ grade** | **Subjects** |
| Graduation or equivalent |  |  |  |  |  |
| Post Graduation or equivalent |  |  |  |  |  |
| MPhil (other details in 9. below) |  |  |  |  |  |
| PhD (other details in 10. below) |  |  |  |  |  |
| NET |  |  |  |  |  |
| Other |  |  |  |  |  |

9. Title of MPhil thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. Title of PhD thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Discipline/area in which awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of the PhD supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11. Experience (starting with the most recent, attach additional pages if necessary):

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| Name of the institution/ organization | Post held | Pay scale | Period | Nature of work | Last basic pay (in Rs.) |
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12. **Publications**: *Provide details of books (single author and co-authored or edited), journal articles/papers, other professional writing or accomplishments (e.g., performances, recordings, films, official reports). Details should include publisher / journal names, volume numbers, publications dates, page numbers, ISBN numbers, etc. (Attach additional pages if necessary).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 13. Language(s) known :

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| --- | --- | --- | --- |
| Language (s) known (Please tick) | Read | Write | Speak |
| (i) English  |  |  |  |
| (ii) Hindi |  |  |  |
| (iii)  |  |  |  |
| (iv) |  |  |  |

14. Other relevant information you wish to provide (e.g., membership of professional bodies; editorships; membership of national / international committee; technical / professional / artistic credentials; government commendation, etc.).

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15. Details of availability. Please indicate specific days (Monday thru Friday) during the Winter Semester (January- April) and Monsoon Semester (July-December).

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16. Certified that the information given by me in this form is complete and correct to the best of my knowledge and nothing has been concealed. I consent to the University verifying information given in this form.

**Date:**

**Place:**

 **Signature**