

VAISH EDUCATION SOCIETY, ROHTAK

Vaish Institute of Pharmaceutical Education & Research, Rohtak

(Approved by PCI, New Delhi and Affiliated to Pt. B.D.Sharma University of Health Sciences, Rohtak and HSBTE, Panchkula)

Ph.: 01262-248485 viper.rtk@gmail.com, www.viper-rtk.com

Invites applications for the following teaching positions on regular basis
(under self Finance Scheme)

Posts: Professors, Associate Professors and Assistant Professors in different disciplines

Eligibility: 1. Professor: PhD in Pharmacy with 10 years experience in Teaching as Assistant Professor and above in PCI approved institute.

2. Associate Professor: PhD in Pharmacy with 8 years experience in Teaching as Assistant Professor and above in PCI approved Institute. 3. Assistant Professor: B pharmacy and M. Pharmacy Degree each with First Division.

Salary: Pay scale as per norms of PCI/HSBTE/Pt. B.D. Sharma University of Health Sciences, Rohtak.

Application form is available on college website i.e. www.viper-rtk.com. Interested eligible candidates may download the same from college website or may obtain the same from the college. The candidate may send the application form duly completed in all respect along with copy of all testimonials (visible copy of DMC, Experience Certificate etc.) to the President of Vaish Education Society, Rohtak within 21 days of the publication of advertisement by Registered Post or by hand against proper receipt.

President, Vaish Education Society, Rohtak

Vaish Institute of Pharmaceutical Education and Research, Rohtak,

(Email Id: viper.rtk@gmail.com, Website: www.viper-rtk.com.)

For office use only: -

Sr. No. _____

Dated _____

To

The President
Vaish Education Society
Rohtak

Photo

Sub: - Application for the Post of _____ in _____

Sir,

With reference to your advertisement in _____ dated _____

for the post of _____ in _____

My application may be considered for the said post. My Bio-Data in given below:-

Name _____

Father's Name _____

Date of Birth _____

Address _____

Contact _____

Category GEN SC BC PH ESM
(Attach Certificate)

Qualification:-

Examination	Year	Mark Obtained/Max Marks	%age	Division	Board/University
Matric					
Sr. Sec.					
B. Pharmacy					
M. Pharmacy					
Ph. D					
NET-JRF/ Gate/GPAT					
Others					

Experience: (if any)

Sr. No.	Name of Institution	Post & Nature of Appointment	From with Date	To	Total

Total Experience: Years _____ Month _____ Days _____

Research Publications etc. :

1. No. of Books Published: _____
 2. No. of Papers published in International Journals: _____
 3. No. of Papers published in National Journals: _____
 4. No. of Paper presented in International Seminars: _____
 5. No. of Paper presented in National Seminars: _____
 6. NCC/NSS Certificates, if any: _____
 7. Cultural Activities/Sports certificate, if any _____
- Any other Certificate: _____

Note: Attach Complete Supporting Documents (self-attested) along with list of Annexure(s).

Note: Attach Complete Supporting Documents (self attested) for each column.

Yours Faithfully

Date _____

Place _____

(Signature)