

APPLICATION FORM FOR PSYCHOTHERAPIST/PSYCHIATRIST

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

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

3. Complete forms should be sent through e-mail as pdf or word attachment to hr@aud.ac.in OR as hard copy by post or courier to **Dean, Academic Services, Ambedkar University Delhi, Room No. 05, Kashmere Gate, Delhi 110006.** (Write outside the envelope or type in email subject box : Psychotherapist/Psychiatrist(On contractual/visiting Basis).

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

1. Nature of Desired Engagement: Contractual Appointment

PSYCHOTHERAPIST PSYCHIATRIST

2. a) Schools/programmes: _____

b)Area(s) of specialization: _____

3. Name in full : _____

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)

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 (Month)

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 (Year)

6. Date of birth :

7. Nationality/citizenship :

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

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: _____

10. Title of PhD thesis: _____

Discipline/area in which awarded: _____

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

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

Name of the institution/ organization	Post held	Pay scale	Period		Nature of work	Last basic pay (in Rs.)
			From	To		

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 :

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.).

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

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