

## APPLICATION FORM FOR PSYCHOTHERPIST/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. Completed forms should be sent through e-mail as pdf or word attachment to shsoffice@aud.ac.in OR (Write outside the in email subject box : Psychotherapist/Psychiatrist (On contractual Basis/Part-time).**

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

1. Nature of Desired Engagement: Contractual Appointment/Part-time (Please tick)  
PSYCHOTHERPIST      PSYCHIATRIST

2. a) Schools/Centre/Office:: \_\_\_\_\_

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

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

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

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

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(b) Mobile no. : 

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

6. Date of birth : 

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 (Day 

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 (Month 

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 (Year 

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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)					
Other (NET)					

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).

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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.).

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15. 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**