



## APPLICATION FOR EXAMINERSHIP

(Application should be sent to the Controller of Examinations, PIMS Deemed University, Loni,  
Tal.- Rahata, Dist. – Ahmednagar, Maharashtra, 413736)

1. NAME \_\_\_\_\_  
IN CAPITAL LETTERS                      SURNAME                      NAME                      FATHER'S / HUSBAND'S NAME

2. DESIGNATION \_\_\_\_\_

3. ADDRESS:

a) COLLEGE / INSTITUTE \_\_\_\_\_

PIN \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

b) RESIDENCE \_\_\_\_\_

PIN \_\_\_\_\_ PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

4. DATE OF BIRTH \_\_\_\_\_ E-mail: \_\_\_\_\_

5. EDUCATIONAL QUALIFICATION: (ACADEMIC AND PROFESSIONAL)

Sr. No.	Degree ( Pl. Specify)	Subject	Degree Recognized By	University	Year of Passing
a.	Graduation				
b.	Post Graduation				
c.	Ph.D./ OTHERS				

6. TEACHING EXPERIENCE: For UG / PG (Teaching Exp. Duration at every designation is mandatory)

Sr. No.	Designation	Subject (Teaching)	Name of the Institution	Teaching Exp. (Mention the period)	
				UG	PG
a.					
b.					
c.					
d.					
Total Experience					

7. Details of Seminars, Workshops, Poster Presentations, Publications in journals as first Author. (Enclose separate sheet as Annexure A if necessary.)

Sr. No.	Title	Reference	Year	Venue (If applicable.)
a.				
b.				
c.				

**8. PREVIOUS EXPERIENCE AS EXAMINER: (Enclose separate sheet if as Annexure B if applicable.)**

Sr. No.	Subject	Month & Year	Examination	University
a.				
b.				
c.				

**Faculty: Medicine/ Dental/ Physiotherapy/ Nursing/ Bio Technology/ Bioscience Mgt./Ayurvedic**

**9. Whether your department is recognized by MCI / DCI / AICTE / INC / any other statutory body for the post-graduate course?** YES  NO

(If yes please attach Recognition certificate)

**10. Whether you are a recognized/ P.G. Teacher/ P.G. Guide of your university for the post-graduate degree course?** YES  NO

(If yes please attach photocopy of Recognition letter of the University.)

**11. Recommended and forwarded to the controller of examination. PIMS – DU.**

Date:

Place:

Signature of the Principal/ Dean/ Head Of The Institute.

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I hereby declare that the information furnished by me (for the purpose of including his/her name in panel of Examiners) is correct and true to the best of my knowledge and belief. I was not debarred from exam work of any University.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT

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Please enclose the photocopy of following mentioned documents.

- 1) PG / UG Teacher Recognition Letter.
  - 2) Photocopies of UG & PG Certificates.
  - 3) Xerox copies of abstracts of paper published in National International journals as First Author.
  - 4) Copy of CV.
  - 5) Age proof.
  - 6) Attested copies of Experience Certificates.
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