No. SSUHS/166/2010/   Dated:

NOTIFICATION

Applications are invited in the prescribed format **(available in University website www.ssuhs.in)** for appointment on honorary basis to the posts of **Dean, Faculty of Homeopathic Medicine** and **Dean, Faculty of Dental Sciences** of Srimanta Sankaradeva University of Health Sciences (SSUHS) from candidates who fulfil the eligibility criteria as provided below. The posts are of 3 (three) years duration from the date of appointment and shall be in addition to the duties as faculty member.

Eligibility Criteria:

Applicant shall be a distinguished professor having long standing experience in teaching Health Sciences pertaining to the Faculty in a college/institution affiliated to SSUHS.

The applications complete in all respects should reach the office of the Registrar (Academic), Srimanta Sankaradeva University of Health Sciences, 2nd floor, Gauhati Medical College Building, Narakasur Hilltop, Bhangagarh, Guwahati- 781032, Assam on or before 15 (fifteen) days from the date of issue of the advertisement.

Applicants shall have to submit No Objection Certificate from the present institution where working along with the application.

Registrar (Academic),
Srimanta Sankaradeva University of Health Sciences

Memo No. SSUHS/166/2010/5796-97   Dated 26/7/2022

Copy to:

1. The Director of Information and Public Relations, Assam, Dispur, Guwahati-781006. He is requested to arrange for publication of the above Advertisement in one leading English Daily and one Assamese Daily Newspaper.
2. The P.S. to the Hon'ble Vice Chancellor, Srimanta Sankaradeva University of Health Sciences for kind appraisal of the Hon'ble Vice Chancellor.
3. University Website/Notice Board.

Registrar (Academic),
Srimanta Sankaradeva University of Health Sciences

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

Narakasur Hilltop, Bhangagarh, Guwahati, Assam

Phone: 6026177313 (O) E-mail: ssuhs_assam@yahoo.in Website: www.ssuhs.in

APPLICATION FORM FOR THE POST OF DEAN OF FACULTIES, SSUHS

1. Name (in Capital letters): ……………………………………………………………..

2. Date of Birth and Age: ……………………………………………………………………..

3. Present Designation: ………………………………………………………………………

4. Address for correspondence with pin code: …………………………………………….

   …………………………………………………………………………………………………

   …..……………………………………………………………………………………………

   Email id ………………………………………… Phone No. …………………………..

5. Permanent address with pin code: …………………………………………………….

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6. Educational Qualification as per eligibility criteria:

Sl. No.	Qualification	University	Year	Subject (s) / Topics	Percentage	Division etc.

7. Other academic Exposure/Achievement, if any

Sl. No.	Post / Assignment	Organization / University	Area of Assignment	Duration		
				From	To	(In Years & Months)

8. Publication:

Kindly provide list of scholarly publications in recognised professional and/or academic journals. Photocopies of the publications are to be attached as necessary). Please submit only peer reviewed / indexed / national / international / refereed journals. E-journals are not acceptable.

Total Publications …………………………….

Sl. No.	Date	Title	Name of journal	Refereed journal or not	Number of Citations (where possible)

9. Participation and scholarly presentation in seminar/conference etc :
   a. National

Sl. No.	Date	Title of Conference or Institution	Title / Subject of Presentation (if made)

   b. International

Sl. No.	Date	Title of Conference or Institution	Title / Subject of Presentation (if made)

10. Research Project:

Sl. No.	Client / Organization's name	Nature of project	Duration of project	Amount of grant (Rupees)

11. Honours/Awards & Fellowships for Outstanding work:

Sl. No.	Name of Award/Fellowship	Elected/Honorary Fellow	Awarded by	Year of Award

12. Proof of eligibility to be Postgraduate teacher (if applicable) to be attached.

13. Name(s) of students with research title (if any) who have been supervised for Postgraduate degree in Health Sciences / Ph.D. thesis during the last 5 (five) years to be attached.

14. Proof of Ph.D. Degree (if applicable) to be attached.

…………………………………………

Signature of the Applicant with Date

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