



**मोरारजी देसाई राष्ट्रीय योग संस्थान (मो.दे.रा.यो.सं.)**  
**MORARJI DESAI NATIONAL INSTITUTE OF YOGA (MDNIY)**

आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान  
 (An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

68, अशोक रोड, नियर गोल डाक खाना, नई दिल्ली - 110001

68, Ashok Road, Near Gole Dak Khana, New Delhi-110001

**APPLICATION FORM**

**Affix self  
attested  
recent  
Passport Size  
Photograph**

Name of the post applied for : .....

Advertisement No. : .....

Category applied for : ..... (Unreserved/SC/ST/OBC/PWD/PH)

Details of fee paid Amount (Rs.): ..... Bank DD No. .... Dated .....

Bank's Name : .....

**1. Name in full: Dr./Prof./Shri/Smt./Km.** \_\_\_\_\_  
**(in CAPITAL letters)**

**2. Father's/Husband's Name:** \_\_\_\_\_

**3. Date of Birth:** DD \_\_\_\_\_ MM \_\_\_\_\_ YYYY \_\_\_\_\_  
**(in words)** \_\_\_\_\_

**Age** (as on closing date of application according to Matriculation Certificate)

**4. Address: (in CAPITAL letters)**

**(i) Present Address (for correspondence, with phone/mobile No. & E-mail):-**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E-mail Id:** \_\_\_\_\_ **Mobile No.** \_\_\_\_\_

**(ii) Permanent home address:-**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Nationality:** \_\_\_\_\_ **6. Sex:** \_\_\_\_\_ **(Male/Female)**

**7. Whether belongs to SC/ST/OBC/PWD/PH:** \_\_\_\_\_  
 (in support, please enclose a certificate from authorized Issuing Officer)

**8. (a) Mother Tongue:** \_\_\_\_\_

**(b) Other language(s) which the applicant can speak, read and write fluently:**

\_\_\_\_\_

**9. Examinations passed (Please enclose a self certified copy of each degree/certificate & marksheet):-**

<b>Examination</b>	<b>Name of the Degree/Diploma and Board</b>	<b>Name of the College &amp; University</b>	<b>Percentage of marks/OG PA obtained (Aggregate in case of degree programs)</b>	<b>Division obtained</b>	<b>Year of passing</b>	<b>Subject(s) (Major)/ Specialization</b>	<b>Distinction If any</b>
<b>(i) 10+2 or equivalent</b>							
<b>(ii) Bachelor's Degree</b>							
<b>(iii) Master's Degree</b>							
<b>(iv) Doctorate Degree</b>							
<b>(v) Any other examination(s)</b>							

**10. Employee Record (Starting from the present position):**

Office/Institute/ Organization	Post held	From	To	Scale of Pay & Basic Pay	Nature of Duties	Actual Duration (Years & Months)

**Total Experience:**

- a. Teaching:    **Years** \_\_\_\_\_ **Months** \_\_\_\_\_
- b. Research:   **Years** \_\_\_\_\_ **Months** \_\_\_\_\_
- c. Research Guide/  
    **Supervisor: Years** \_\_\_\_\_ **Months** \_\_\_\_\_
- d. Other :       **Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**11. RESEARCH:**

**a) Research Projects:**

S. No.	Title of Project (s)	Period (From-To)/No. of years	Budget	Funding agency	PI or Co-PI (Status)	Status of Project completed /ongoing

**b) Patent/ Innovation/Technology developed/commercialized:** \_\_\_\_\_  
 \_\_\_\_\_

**c) No. of candidates (MD/MS/Ph.D.) Supervised:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12. Area of Specialization/Super-Specialization:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13. SCIENTIFIC PUBLICATIONS (published or accepted):**

**(a) Research papers and Review** (published in peer review & indexed journals only)\*

S. No.	Authors	Title	Journal with year, volume & page no.	Index (ISSN)	Impact factor of journal	Citation

**(b) Books/ Manual/ Monograph/ Research Bulletins/ Extension Bulletins/ Chapters in Scientific Books, Training/Teaching Manuals\***

S. No.	Authors/Co-author	Title	Publisher/Journal with page number	Year

\*Enclose separate sheet in the prescribed format (if required)

**14. CONFERENCE/WORKSHOP: Total Attended:**

a. National: \_\_\_\_\_

b. International: (i) In the Country: \_\_\_\_\_ (ii) Abroad: \_\_\_\_\_

**PAPER PRESENTED:**

a. National: \_\_\_\_\_

b. International: (i) In the Country: \_\_\_\_\_ (ii) Abroad: \_\_\_\_\_

**15. SCHOLARSHIPS/FELLOWSHIPS/AWARDS ETC:**

**(a) Scholarships and Fellowships received with details:**

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**(b) Honours/Medals/Awards, etc. with details:**

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**16. Extra-curricular activities e.g. Games, sports, NCC, NSS, Community health service/ activities etc.:** \_\_\_\_\_

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**17. Membership/Fellowship of Scientific Societies/Bodies, if any:**

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**18. Major Academic/Research contribution:**

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**19. Name, address and contract details of two references including one current supervisor/employer:**

(1) \_\_\_\_\_

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(2) \_\_\_\_\_

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**20. Additional information, if any which you would like to mention in support of your suitability for the post:** \_\_\_\_\_

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(Enclose separate sheet, if the space is insufficient in any column)

**21. Your vision about carrying out research/Innovation in Teaching/Clinical Service/ Laboratory development in Morarji Desai National Institute of Yoga (enclose one page write up).**

**DECLARATION**

I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to wilfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

Place: \_\_\_\_\_

**Signature of the candidate**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Name in CAPITAL letters)

**REMARKS OF THE PRESENT EMPLOYER**

(In the case of those who are already in service)

Certified that information furnished by Shri/Ku./Smt./Dr. .... in his application have been verified from the office records and is found to be correct. No vigilance/ disciplinary case is pending or contemplated against him/her and he/she is clear from vigilance angle.

The applicant Shri/Ku./Smt./Dr. .... is holding a permanent/temporary post of ..... in the scale of pay .....from .....and his/her present basic pay is Rs. .... P.M. his/her application is forwarded and he/she will be relieved in case he/she is selected for the post applied for.

Date: .....

Signature

Place: .....

Designation of Appointing Authority  
(with official seal)