

**Format of Application for the post of Vice-Chancellor, Medicaps University,
Indore**

Affix the latest
Passport size Photo

(Applicant is requested to type the information in the following format, and can add more lines in the format wherever required.)

1. General Information of Applicant

Name (In Capital Letters)	
Date of Birth (Day/Month/Year)	
Correspondence Address	
Phone No.	Mobile : Landline :
Email :	

2. Present Position

a. Designation	
b. Organization	
c. Pay Scale	
d. Date of appointment to the present post	
e. Total Experience (In Years and Months)	

3. Details of experience possessed as per eligibility criteria:

(10 years' Professorship or equivalent as per UGC Regulations on Minimum Qualifications for Appointment of Teachers and other Academic Staff in Universities and Colleges and Measures for Maintenance of Standards in Higher Education 2010 and subsequent modifications)

S.No.	Post held	Pay Scale	Organisation	Nature of duties	Experience(In Years and Months)

4. Educational Qualification (In chronological order from latest to Graduation level)

S.No.	Qualification	University	Year	Subject(s)/ Topic(s)	% Achieved	Distinctions etc.

5. Administrative Experience/Post(s) & responsibilities held

S.No.	Post	Organization / University	Duration		Experience (In Years and Months)
			From (date)	To (date)	
1.	Head of the Department				
2.	Chairman, Board of Studies				
3.	Member, Board of Studies				
4.	Dean of Faculty				
5.	Member of Academic Council				
6.	Member of Executive Council				
7.	Member of Professional / Academic Bodies				
8.	Others (Specify)				

6. (a) Academic/Teaching Experience & responsibilities (In chronological order from latest to oldest)

S.No.	Post	Organization / University	Duration		Experience (In Years and Months)
			From (date)	To (date)	

(b) Participation and contribution in relevant areas in higher education

	Organization	Area of Specialization
Visiting Professor		
Resource Person		
Others (Specify)		

(c) Involvement with formulation of academic programmes:

S.No.	Nomenclature of Innovative Academic Programmes formulated	Date of approval by Academic Council	Year of Introduction

(d) Important MoUs formulated for academic collaborations:

S.No.	MoUs formulated	Name of Agencies / Departments involved	Year of MoU

(e) Position of Chairs:

S.No.	Name of Chair	Name of Agencies / Departments involved	Period of holding the Chair

7. International Academic Exposure, if any

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

8. Scholarly Achievements:

A. Contribution to Journals and Books:

Details

Books authored

Editor in Chief

Editorships

Peer reviewer for

Member of the International Advisory Board

Others (Specify)

B. Publication:

B.I Kindly provide list of scholarly publications in recognised professional and/or academic journals:

Total Publications:

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

B.II List of articles in popular magazines or newspapers**Total Articles:**

S.No.	Date	Title	Name of Magazine / Newspaper

C. Participation and scholarly presentations in conferences:**C.I National**

S.No.	Date	Title of Conference or Institution	Title/Subject of presentation (if made)

C.II International

S.No.	Date	Title of Conference or Institution	Title/Subject of presentation (if made)

D. Participation and contribution in National/International Fora in the area of your academic and professional expertise

		Number(s)
Plenary Lectures/Invited Talks	International	
	National	
Congresses attended	International	
	National	
Examinership etc.	International	
	National	
Others (Specify)	International	
	National	

9. Research Projects:

S.No.	Clinet/Organization's Name	Nature of Project	Duration of Project	Amount of Grant (Rupees)

10. Consulting experience:**List key consulting assignments undertaken:**

S.No.	Clinet/Organization's Name	Nature of Assignment	Duration of Assignment

11.Honours /Awards & Fellowships for Outstanding Work:

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

12.No. of Research Scholars successfully guided:

Name of Programme	Awarded (No.) (Under-progress not to be included)

13.Strengths (in 100 words)**14.Your Vision for the University (upto 500 Words)****15.Details of Referees, if any**

S. No.	Name of Referee	Post Held by Referee	Email	Phone No.	Mobile

I, hereby, declare that all the statements/ particulars made/furnished in this application are true, complete and correct to the best of my knowledge and belief. I also declare and fully understand that in the event of any information furnished being found false or incorrect at any stage, my application/candidature is liable to be summarily rejected at any stage and if I am already appointed, my services are liable to be terminated without any notice from the post of Vice-Chancellor as per Act/ Statutes etc. and other applicable rules.

Place:**Date:****(Signature of the Applicant)****Note: Total No. of pages (A-4 size) of the application should not exceed 10 pages.**