GCS PHYSIOTHERAPY COLLEGE

Opp. DRM Office, Near Chamunda Bridge, Naroda Road, Ahmedabad – 380025
Tel.: +91 75750 21886 | principalgcsptc@gcsmc.org | www.gcsmc.org

APPLICATION FOR FACULTIES

AFFIX PASSPORT SIZE PHOTO

1. Post Applied for : _____
2. Name of Candidate : _____
3. Address : _____

   _____
4. Telephone No : (Phone) _____ (Mobile) _____
5. Local Contact Address : _____

   _____
6. Date of Birth : / / Age : _____yrs Sex : M/F _____
7. Present Job : _____
8. **Education Qualification** :

Sr. No	Examination	Year of Passing	University	Total Marks	%	Attempt
1	BPT					
2	MPT					
3	PhD					
4	Others					

9. **Details of Teaching Experience** :

Sr. No	Teaching Post held	Name of Institution	Date		Total Period	
			From	To	Year	Month
1	ASSISTANT PROFESSOR					
2	ASSOCIATE PROFESSOR					
3	PROFESSOR					
4	PRINCIPAL					

10. Details of Research Papers Publications / Presentation :

Published	No. of Paper Published	Year of Publication	Name of Journal	Whether Journal is an Indexed Journal (Yes/No)	Name of Article
National Journal					
International Journal					

11. **Details of latest GSCPT Inspection/University Inspection attended** :

a. DD/MM/Year : _____

b. Institute : _____

c. Designation : _____

12. Name of Two Reference (with Phone No.)

1) _____

2) _____

13. List of Enclosures (attested Copies – in following order)

(1) BPT Mark Sheets (all year)
(2) BPT Attempt Certificate
(3) BPT Degree Certificate
(4) MPT Mark Sheet
(5) MPT Attempt Certificate
(6) GSCPT Registration Certificate
(7) MPT Degree Certificate
(8) Pan Card
(9) Teaching Exp. Certificates
(10) Aadhar Card
(11) Internship Completion Certificate
(12) School Leaving Certi. / Birth Certi.
(13) Research Publication
(14) NOC / Relieving Order

Undertaking:

I declare that information stated above is true to the best my knowledge. If above information is found to be false; I am bound to obey the decision of selection committee.

Place:

Date: **Signature of Applicant**