



SHRI B.M.KANKANAWADI AYURVED MAHAVIDYALAYA POST GRADUATE STUDIES & RESEARCH CENTRE

(Approved by National Commission for Indian System of Medicine New Delhi & M/o AYUSH, GoI)
Shahapur, Belagavi -590 003, Karnataka India

A Constituent Unit of
KLE ACADEMY OF HIGHER EDUCATION & RESEARCH
(Deemed-to-be University)

(Re-Accredited 'A+' Grade By NAAC (3rd Cycle) & Placed in Category 'A' by MHRD (GoI)

First AYUSH Institution having NAAC & NABH Accreditation



FACULTY RECRUITMENT NOTIFICATION

Application invited from eligible candidates for the following teaching posts
at KLE SHRI B.M.KANKANAWADI AYURVED MAHAVIDYALAYA, BELAGAVI

Sl No.	Name of the Department	Assistant Professor	Reader
1	Samhita Siddhanta	01	-
2	Shareer Kriya	02	-
3	Shareer Rachana	-	01
4	Roga Nidana	01	-
5	Kaumarabhritya	01	-
6	Shalya Tantra	01	-
7	Shalakya Tantra	01	-
8	Kayachikitsa	01	01
9	Rasayana Vajikarna	-	01
10	Manasaroga	-	01

- ◆ Qualification & experience shall be as per the NCISM norms.
- ◆ Salary commensurate with qualification experience, as per KAHER norms
- ◆ Application form available on www.kleayurworld.edu.in Interested candidates can drop their application in person or through mail to the Principal KLE Shri B.M.K Ayurveda Mahavidyalaya, Belagavi
- ◆ Email: bmkprincipal.kaher@kleayurworld.edu.in bmkayurveda@rediffmail.com
- ◆ Last Date for submission of application on or before : 10th May 2024
- ◆ [Click here to Download application](#)

Sd/-
Principal
KLE Shri B.M.K. Ayurved Mahavidyalaya, Belagavi

Contact No : 0831 2486286 M: 7204969289

Application form for the hospital post at KAHER, Belagavi

Annexure-II

From

Photo

To

The Registrar,
KLE Academy of Higher Education & Research,
Belagavi

Sir,

Sub : **Application for the post of** _____ **in the Dept. of** _____
at _____ **(Name of the Institution)**

With reference to the above, I, the undersigned, wish to apply for the above-said post at KAHER. In this regard, I submit my bio-data as under:

1. Name	
2. Correspondence Address	
3. Permanent Address	
4. Date of Birth	
5. Contact Nos.	Mobile No. : _____ Telephone No. : _____ STD _____ E-mail : _____
6. Nationality	
7. Religion, Caste & Category	

9. Details of qualification:					
Sl. No.	Qualification	Name of the Institution	Name of the Board/ University	Year of Passing	% of Marks obtained
1.	SSLC/Matriculation/Equivalent Exam.				
2.	PUC / 12 th Std / Equivalent Exam.				
3.	Under-Graduate (UG) Degree				
4.	Post-Graduate (PG) Degree				
5.	Doctor of Philosophy (Ph.D)				
6.	Others, if any				

10. Experience:						
Sl. No.	Name of the Institution	Date of Joining	Date of leaving	Post held	Last Salary drawn	Reasons for leaving

Total teaching experience at UG level : _____ years
Total teaching experience at PG level : _____ years
Total teaching experience : _____ years

11. Details of Council Registration:

Degree	Course Name	Date of Registration	Registration No.	Name of the Council
Under-Graduate				
Post-Graduate				
Others, please specify				

12. Any other relevant information (distinctions conferred, ranks / medals, membership with any other Association, research papers presented, etc.):

13. Details of Research / Innovations conducted:

14. If selected, joining time required : _____ days / month (s)

I request you to kindly consider my candidature for appointment to the above-said post at KLE University. I enclose herewith attested copies of all the relevant certificates, in support of my qualification and experience, as detailed above, for your kind information and reference.

Thanking you,

Yours faithfully,

Signature

Date : _____