

## ಅಖಿಲ ಭಾರತ ವಾಕ್ ಶ್ರವಣ ಸಂಸ್ಥೆ-೫<mark>೭</mark>೦೦೦೬ अखिलभारतीय वाक् श्रवणसंस्थान :मैस्रु – 570006

## ALL INDIA INSTITUTE OF SPEECH & HEARING: MYSORE - 570006

An Autonomous body under the Ministry of Health and Family Welfare,
Govt. of India, Manasagangothri, Mysore – 570 006

Phone: 0821-2502000/2502100, www.aiishmysore.in

दिनांक/Dated: September 13, 2024

#### विज्ञापनसंख्या/ ADVERTISEMENT No. 10/2024

AIISH, Mysore invites applications for the following post to be filled on contractual posts as detailed below:

Post code	Name of the post	No. of Posts	Place of work
1	Lecturer in Clinical Psychology	02	AIISH, Mysore.

### Education Qualification and Experience

### Post Code 1: Lecturer in Clinical Psychology

Age	Up to 45 years
Duration of contract	For a period of 06 months or until the regular posts filled, whichever is earlier.
Consolidated Remuneration	Rs. 81,900 /- per month and no other allowances are admissible.
Essential Qualification	<ul> <li>a) M.A or M.Sc in Psychology with minimum of 55 % marks or its equivalent degree with Clinical Psychology as a special subject.</li> <li>b) M.Phil in Clinical Psychology or its equivalent.</li> <li>c) Two Years research / teaching / clinical experience.</li> </ul>
Desirable Qualification	<ul><li>a) Publication in national and international journals of repute.</li><li>b) A doctorate degree in Clinical Psychology.</li></ul>

#### **GENERAL CONDITIONS / INFORMATION**

- The filling up of the above posts shall be on need basis and purely temporary.
- The engagement of the candidates for the post of Lecturer in Clinical Psychology (on contract) does not confer any right or title to claim a permanent appointment at this Institute.
- All the details furnished in the offline application will be treated as final and no changes shall be entertained.
- 4 Applications without photograph, signature, and necessary certificates in support of their application shall be summarily rejected in the screening itself.

- The qualifications prescribed should have been obtained through recognized Universities/
  Institutions.
- Mere eligibility will not entitle any candidate to be called for an Interview / Personal Interaction. The decision of the Institute in all matters will be final. No correspondence will be entertained from the candidates in connection with the process of selection / Interview.
  - The candidates should furnish all the educational qualification from the recognized University / Institute and Experience possessed in the relevant field, over and above the minimum qualifications prescribed for consideration of their candidature.
- 6.1 Rehabilitation professional shall hold a valid registration with RCI / CAHP. RCI / CAHP registration is essential for the post, else your candidature will be summarily rejected.
- 6.2 In case RCI / CAHP Certificate is in renewal stage: candidates must produce acknowledgement letter along with previous RCI / CAHP certificate along with your application
- 7 The upper age limit will be reckoned as on the last date prescribed for receipt of applications.
- Candidates should mention postcode and name of the post in the prescribed application format which has been uploaded on our Institute website with passport size photo affixed, proof for DOB, experience certificates and copies of education qualification, marks list, RCI certificate and other relevant certificates, Grade conversion- if applicable with self-attestation to be submitted wherever applicable. Otherwise, the application will be rejection.
- 9 The last date of receipt of applications is 30924 at 5.30 P.M.
- 10 The appointment of the selected candidates is subject to being found medically fit as per the requirements of the Institute.
- The Applications received in response to the advertisement will be scrutinized and only shortlisted candidates will be considered for the further selection process.

### Mode of Selection:

- I. Teaching skill test and personal Interaction shall be conducted for the above post. The shortlisted candidates will be notified in the AIISH website.
  - Further, wrong declaration / submissions of false information or any other action contrary to law shall lead to cancellation of the candidature at any stage.
- 13 The Institute reserves the right to accept or reject any application without assigning any reason thereof.
- 14 The Institute reserves the right not to empanel / waitlist candidates (s) for future contractual vacancies

- 15 Canvassing in any form and / or bringing in any influence political or otherwise will be treated as a disqualification for the post.
- 16 No Interim enquiries about the recruitment status will be entertained.
- 17 Candidates should regularly visit our website for <a href="www.aiishmysore.in">www.aiishmysore.in</a> for latest updates through notifications, instructions, and circulars relating to this recruitment process. No separate communication in this regard will be sent.

#### **HOW TO APPLY:**

- a) The application may be downloaded from our website www.aiishmysore.in.
- b) Interested candidates who meet the requirement, may send their Applications along with Self attested copy of necessary certificates in support of their DOB proof, educational qualification certificates i.e., all semester marks sheets, Degree certificates, RCI Certificates, experience certificates (if necessary) and other relevant certificates to be submitted to Office of the Chief Administrative Officer, All India Institute of Speech and Hearing, Manasagangothri, Mysore-570006 on or before 30/09/24 at 5.30 PM.
- c) Envelope should be super-scribed "Application for the post of.....", "Post Code....."

#### d) Application fee:

For General Category, OBC and EWS candidates – ₹600/-

For candidates belonging to SC/ST categories - ₹250/- for

For women and PWD candidates - exempted from payment of application fee.

Copy of transaction receipt should be enclosed along with the application form. Application without application fee will be summarily rejected.

- e) Applications received after the last date or with insufficient information would not be considered.
- f) Method of payment of application fee: 1. BHIM QR CODE



## 2. Payment thro' NEFT:

1.	BENEFICIARY NAME & POSTAL ADDRESS	DIRECTOR ALL INDIA INSTITUTE OF SPEECH & HEARING, MANASAGANGOTHRI, MYSORE 570 006
2.	NAME OF THE BANK	BANK OF BARODA
	BRANCH NAME WITH COMPLETE ADDRESS	AIISH BRANCH, NAIMISHAM CAMPUS MANASAGANGOTHRI, MYSORE KARNATAKA - 570 006
	BRANCH CODE No.	9832
3.	IFSC CODE OF THE BRANCH	BARB0EXTMYS [BARB(ZERO)EXTMYS]
4.	ACCOUNT NUMBER	98320100000664
5.	TYPE OF BANK ACCOUNT (SB/CURRENT)	SAVINGS BANK ACCOUNT

The candidates should mention the prescribed application fee details in the Application also (Transaction ID/UTR reference no and date of payment)

Please mention in the Remarks / Purpose of the transaction as:

	Application fee for the post of
	Application fee for the post code
	ate has to provide the following details of the payment in the application form and proof of payment in the application:
Transac	tion ID/ UTR reference no:
Date of	Payment:

DIRECTOR

Advt. No. 10/2024 dated: 13.09.2024

Advertisement No.

Closing date



Transaction ID/UTR	(((************************************	
Date of payment	*******************	
Amount Paid		Photo

# ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE - 570 006

(An Autonomous Body under Ministry of Health & Family Welfare, Govt of India)

## (FILL UP SEPARATE APPLICATION FORM FOR EACH POST)

APPLICATION FOR THE POST OF:		***************************************	POST CODE:	
1. Name of the Candidate (BLOCK LETTERS) Mr / Mrs / Ms / Dr.				
2. Gender:	Male	Female	Transgender	
3. (a) Address for Communication			·····	//************************************
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				211-2211-
(b) Email ID				
(c) Mobile Number				
(d) Aadhar No.				
(e) Permanent Address				
	(3)			***************************************
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			7 [7]	***************************************
4. (a) Date of Birth	DD	MM	YYYY	
(b) Age as on last date of Application	Years	Months	Days	
(c) Place of Birth 5. Are you:				***********
(a) a citizen of India by birth and /or by domicile?	2/*******		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********
(b) If not, indicate the Nationality				
6. Name the state to which you belong				Mounte
7. (a) Father's Name				***********
(b) Father's Occupation	Govt.	Private	others	
(c) Mother's Name	<u></u>			
(d) Mother's Occupation	Govt.	Private	others	
8. State whether you are a member of Scheduled Caste / Scheduled Tribe/OBC/EWS/ UR/PwBD	SC	ST	ОВС	
(if so, please produce an attested copy in support)	UR	EWS	PwBD	*

118	Have you been outside India? If so, give the following particulars:							
	Country		Date of visit	Date of visit Duration of visit		Pu	rpose	e of visit
12.	Dogtionlog	a of Dogge out	A					
12.	No.	s of Passport	Icc	uing Authority			V	alid un to
	110.		155	unig rumorrey			Valid up to	
13.	Research / Books publications: (List them in a separate sheet referring to this serial num						mber	r):
	Sl. No.		Title			Name of Journal Book		Issue and Year of publication's
			9					
14.	Research P (Give these	rojects complet	ed / ongoing with you as a separate sheet quoting th	an investigator:	)			
	Sl. No.	Title of the project funds &			amount of	Duration the proje		Status
					*:		(ex	
15.	Awards / F	Honors receive	d:					
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	2. 3.							
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16,	Members	ship of profess	ional organi	zations:				
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	3.							
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17.	Language	e known (Read	l, Write & s	peak):				
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10	4.		C1					
18.	your expe	erience (starting	g from the mobile mobil	ost recent): (	(Note: if the copy of experience			
1	ne of the ployer	Danian dian /	Dura			Emoluments (Basic + DA)	Experience certificate	
	dicate:	Designation / Position	2 41441311		Duties & Responsibilities	[Copy of pay slip	enclosed	
	./Private)		From	То		to be enclosed]	Yes	No
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19	Are vou	willing to ac	cent the fi	ived remu	neration			
(	offered? If	not, state wh	at is the lo	west remui	neration			
		ould accept:						
20.	How early	you can join t	his institute,	, if selected	?			

21	Reference:
ZI.	Reference.

Give names / address of three professionals in the field who are in a position to comment on your professional work (The institute may write to them for a confidential assessment of the candidate's capabilities)

1	Name & Office address of the Official	Designation	Mobile & Email
1.			Mobile:
			Email:
2			
2.			Mobile:
			Email:
			×
	27		
3,			Mobile:
			Email:

22. Briefly explain (within 50 words) how you are suitable for this post.

### 23. Checklist:

	Details of Enclosure		D - 6 4-		
Sl. No.		Yes	No	Not applicable	Reference to Annexure
1.	Proof of payment of application fee				
2.	Date of Birth proof				
3	SSLC				
4.	PUC				
5.,	Bachelor's Degree (all sem. mark sheets)				
6.	Bachelor's Degree certificate				
7.,	Master's Degree (all sem. mark sheets)				
8.	Master's Degree certificate				
9.	M.Phil. Mark sheets				
10.	M.Phil. Certificate				
11.	Ph.D. Certificate / Declaration of result				
12.	Details of Publication / Books				
13.	Details of Research Projects				
14.	RCI / MCI Certificate				

DECLAR	ATION						
I,							
Place:	× •						
Date:	Candidate's Signature						
<ul> <li>Instruction to candidate:</li> <li>Proof in respect of claims like age, educational quattached.</li> </ul>	alifications, caste, work experience, etc., should be						
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