Rajasthan University of Health Sciences, Jaipur

Nomination Form for the Election as members of Board of Management, 2023

(as per Section 22(1)(IV) of Rajasthan University of Health Sciences Act, 2005)

Form No.....
(Leave Blank)

Name of RUHS Faculty : .....

Present Designation : .....

Pay Scale : PB.....GP.....

Department : .....

Name of College : .....

Contact Details : Mob. :..... Email ID.....

Residential Address : .....

Experience of teaching in any institution of higher education in Rajasthan as on 01.01.2023 :Years ..... Months..... Days.....

Teaching Experience Details (enclose relevant documents duly self attested) **:**

S.No.	Name of Institution	Position Held	Experience
1			
2			
3			
4			

Signature of the applicant with date

Proposer of above nominee
(mention the details of one person who is regular faculty of RUHS)

Name ..... Designation.....

Mobile No. ..... Email ID .....

Signature of Proposer

FOR OFFICE USE

The nomination of above faculty has been checked and found eligible/not eligible .....

Signature of Election Officer