

RAK Medical & Health Sciences University, Curriculum Vitae

1. PERSONAL DETAILS

Name (as in passport) :

Date of Birth :

Address for communication :

Contact Number Mobile :

Residence :

Email ID :

Nationality: Passport Number & "valid till" date:

2. OBJECTIVE/PERSONAL PROFILE

3. SUMMARY OF CAREER AND ACHIEVEMENTS

4. EDUCATIONAL QUALIFICATIONS

A. PROFESSIONAL QUALIFICATIONS

Degree	College & University	Year	Major subject with specialization	Dissertation/Thesis Title(if applicable)

B. CONTINUING EDUCATION: COURSES, WORKSHOPS, SEMINARS, CONFERENCES- PARTICIPATED/PRESENTED PAPERS/CONDUCTED

S.No	Name	Year

5. EMPLOYMENT EXPERIENCE **

A. Total Experience : _____ years

B. Teaching Experience (Exp. with proper designation and after the last terminal degree only to be considered)

College & University	Year		Designation	Job description	Subjects/Courses Taught(UG/Grad./P G)
	From	To			

C. Clinical / Hospital / Industrial Experience

College & University	Year		Designation	Job description	Subjects/Courses Taught(UG/Grad./P G)
	From	To			

D) ADMINISTRATIVE EXPERIENCE

6. A. RESEARCH INTERESTS, SKILLS AND EXPERIENCE

B. PUBLICATIONS/BOOKS/BOOK CHAPTERS/PEER-REVIEWED JOURNAL ARTICLES/CONTRIBUTION TO EDITED VOLS. EQUIV. TO PEER-REVIEWED JOURNALS ETC.

S.No	Title of the publication	Journal	Indexed? (Yes/No)	PubMed/Scopus/ Web of Science/Other

C. SUPERVISION OF STUDENT RESEARCH/ PROJECTS/ MASTERS /PH. D.

S.No	Category	Institution	Year
1	Student Research /Projects		
2	Masters Theses		
3	Doctoral Theses		

7. AWARDS, GRANTS AND FELLOWSHIPS

S.No	Category	Granting Organization	Year in which Received
1	Grants (Research / others)		
2	Awards		
3	Fellowships		

8. SERVICE TO PROFESSION/PROFESSIONAL CONTRIBUTIONS, ACTIVITIES AND SKILLS (eg. Affiliations/Memberships/Committees/Licenses/Certifications etc.)

S.No	Category	Organization	Year in which Received /Joined
1	Affiliations/Memberships		
2	Membership of Committees		
3	Certifications		
4	Licenses		

9. REFERENCES (AT LEAST TWO) WITH E-MAIL ID AND CONTACT NUMBER

S.No	Name of the Referee	Designation - Institution	Mobile Number	E-mail
1				
2				

_____ (SIGNATURE)

** Information may be provided as applicable. If any of the item is not relevant for a particular position, candidate may mention "Not Applicable (N.A)"