

Application form for **Walk-in-Interview** for the post of
Associate Professor / Assistant Professor (contractual basis) for the period of eleven months.

Post applied for : If applying for more than one post, apply separately :							
(For office use only)						<i>Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form</i>	
Eligible (Yes /No) If not Eligible, reason thereof: (Signatures of Screening Committee Members)							
1	Name (In Capital Letters)	First Name			Middle Name	Lastname	
2	Date of birth	Day	Month	Year	Age as on last date of advertisement	Years	Months
3	Place of birth	City/Village				State	Country
4	Mother's Name						
5	Father's Name						
6	Address	Correspondence			Permanent		
7	Nationality						
8	Gender	Male/ Female :					
9	Marital status	Married/Unmarried/Divorced:					



10. Educational Qualification (Attach additional pages, if required)

	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicate equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any Other Degree								
M. Phil.								
Ph. D.								
GATE/JRF/NET/SLET/SET for lectureship, if any	Subject				Roll No.		Year	Sl. No. of Proof of enclosure
Any other exams passed								

11. Chronological list of Experience (starting from current position/ employment)

Designation	Scale of pay & present Basic & AGP	Name & address of employer	Period of Experience			Nature of work/ duties	Sl. No. of proof of enclosure
			From	To	No. of Years/ Months (As on date of advertisement)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

* (Add separate sheet if required, to be annexed at relevant Sl.No.)

12. Nature of Experience

	No. of Years	No. of Months	Sl. No. of proof of enclosure
a) Teaching			
i) Under-Graduate level			
ii) Post-Graduate level			
b) Post-Doctoral experience			
c) Other experience, if any			
Total Experience			

* (Add separate sheet if required, to be annexed at relevant Sl.No.)

13. Details of Post-Doctoral Experience

Agency	Host Institution	From	To	Duration	Sl. No. of proof of enclosure

* (Add separate sheet if required, to be annexed at relevant Sl.No.)

14. Academic Distinctions

Name of the Academic Course/ Body	Academic distinction obtained	Sl. No. of proof of enclosure

* (Add separate sheet if required, to be annexed at relevant Sl.No.)

15. Names and complete postal addresses of 2 Referees

(The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/knowledge and should not be related to the applicant)

	Referee - 1	Referee - 2
Name & Complete postal address:		
Email:		
Phone (Landline) with STD code:		
Mobile:		
Fax:		

16. Academic & Research

S.N.	Academic/Research Activity	Numbers
1.	Research Papers in Peer-Reviewed or UGC CARE Journals/SCOPUS/SCI	
2.	Publications (other than Research papers)	
	(a) Books authored which are published by ;	
	International publishers	
	National Publishers	
	Chapter in Edited Book	
	Editor of Book by International Publisher	
	Editor of Book by National Publisher	

* (Attach the detailed list)

3	(a) Research guidance	
	Ph.D.	
	M.Phil./P.G dissertation	
	(b) Research Projects Completed	
	More than 10 lakhs	
	Less than 10 lakhs	
	(c) Research Projects Ongoing :	
	More than 10 lakhs	
	Less than 10 lakhs	
	(d) Consultancy	
4	(a) Patents	
	International	
	National	
5.	*Invited lectures / Resource Person/ paper presentation in Seminars/ Conferences/full paper in Conference Proceedings (Paper presented in Seminars/Conferences and also published as full paper in Conference Proceedings will be counted only once)	
	International (Abroad)	
	International (within country)	
	National	
	State/University	

17. Whether Editor or Member of Editorial Board of any Referred Journal (please furnish details):

.....

18. Have you ever been punished during your service or convicted by a court of law?

(Yes/No) :

19. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No):
20. Do you have any case pending against you in any court of law?(Yes/No) :
21. Experience of Administrative work, if any (please furnish details) :

Capacity	Nature of work	Duration in years

22. Any other information/qualification relevant to the post applied for:

23. Brief statement on your philosophy about teaching:

24. Brief statement on your philosophy about teaching:

25. Declaration

I, _____ son /daughter of _____ hereby declare that all the statements and entries made in this applications are true, complete and correct to the best of my knowledge and belief, In the event of any information found false or incorrect or ineligibility being detected before or after the selection committee and University Authorities, my candidature /appointment may be cancelled by the University.

I have never been convicted or contemplated for any unlawful activity

Signature of the Applicant

*Name for assigned (in BLOCK LETTER)

Date: _____

26. Please tick the enclosures attached:

Sl.	Check List	Sl. No. of enclosure	No. of Sheets	Page No from -- to
1.	Matric/Secondary/High School (10 th Class) Marks Sheet			
2.	Matric/Secondary/High School (10 th Class) Certificate			
3.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet			
4.	Sr. Secondary/Intermediate (12 th Class) Certificate			
5.	Bachelor's Degree Final Year Marks Sheet			
6.	Bachelors' Degree Certificate			
7.	Master's Degree Final Year Marks Sheet			
8.	Master's Degree Certificate			
9.	M. Phil. Degree Mark Sheet			
10.	M. Phil. Degree Certificate			
11.	Ph.D. Degree Certificate			
12.	GATE/JRF/NET/SET/SLET Certificate			
13.	Caste Certificate issued by the Competent Authority			
14.	Experience Certificate(s) from previous employer(s)			
15.	NOC from the present employer, if applicable			
16.	Any Other(Pl Specify): _____			
17.	Any Other(Pl Specify): _____			

Total number of sheets enclosed _____

(Please give sequential number to each sheet and signature with date).