



**APPLICATION FORM FOR ASSISTANT PROFESSOR (ON CONTRACTUAL)**

|  |   |                                    |       |      |                                      |  |                               |
|--|---|------------------------------------|-------|------|--------------------------------------|--|-------------------------------|
| Post applied for: .....Notification/Advt. No. & Date:.....   |   |                                    |       |      |                                      |  |                               |
| <i>If applying for more than one post, apply separately:</i> |   |                                    |       |      |                                      |  |                               |
| <b>(For office use only)</b>                                 |   |                                    |       |      |                                      | <i>Paste your recent passport size photograph here and sign across the photo so that part of signature should be on the form</i> |                               |
| Eligible for post.....(Yes/No)                               |   |                                    |       |      |                                      |  |                               |
| If not Eligible, the reason thereof:.....                    |   |                                    |       |      |                                      |  |                               |
| (Signatures of Screening Committee Members)                  |   |                                    |       |      |                                      |  |                               |
| 1  | Name<br>(In Capital Letters)  | First Name                         |       |      | Middle Name                          | Surname  |                               |
| 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                            |  |                               |
|  | Email:<br>Mobile:   |                                    |       |      |                                      |  |                               |
| 7  | Nationality   |                                    |       |      |                                      |  |                               |
| 8  | Category  | SC/ST/OBC/EWS/PwD                  |       |      |                                      |  |                               |
| 9  | Gender  | Male/Female:                       |       |      |                                      |  |                               |
| 10   | Marital status  | Married/Unmarried/Divorced:        |       |      |                                      |  |                               |
| 11   | Language known  | English/Hindi/other (must specify) |       |      |                                      |  |                               |
| 12   | If differently abled, indicate the relevant particulars                                       |                                    |       |      | Yes/No                               | Percentage of disability   | Sl. No. of proof of enclosure |
|  | a. Blindness or low vision:   |                                    |       |      |                                      |  |                               |
|  | b. Hearing impairment:  |                                    |       |      |                                      |  |                               |
|  | c. locomotors disability or cerebral palsy (includes all cases of Orthopedically handicapped) |                                    |       |      |                                      |  |                               |



**13. Educational Qualifications** (Attach additional pages, if required)

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

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

| Designation | The 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 of date of advertisement) |                        |                               |
| (a)         | (b)                                    | (c)                        | (d)                  | (e) | (f)  | (g)                    | (h)                           |
|             |  |                            |                      |     |  |                        |                               |
|             |  |                            |                      |     |  |                        |                               |
|             |  |                            |                      |     |  |                        |                               |

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

**15. Nature of Experience**

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

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



### 16. 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.)

### 17. 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.)

### 18. 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 |
|--|-------------|-------------|
| <b>Name &amp; Complete postal address:</b> |             |             |
| <b>Email:</b>                              |             |             |
| <b>Phone (Landline) with STD code:</b>     |             |             |
| <b>Mobile:</b>                             |             |             |
| <b>Fax:</b>                                |             |             |

### 19. Academic & Research

| S.N. | Academic/Research Activity  | Numbers |
|------|---|---------|
| 1.   | <b>Research Papers in Peer-Reviewed or UGC CARE Journals/SCOPUS/SCI</b> |         |
| 2.   | <b>Publications (other than Research papers)</b>                        |         |
|      | <b>(a) Books authored which are published by ;</b>                      |         |
|      | 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 | <b>(a) Research guidance</b>           |  |
|   | Ph.D.                                  |  |
|   | M.Phil./P.G dissertation               |  |
|   | <b>(b) Research Projects Completed</b> |  |
|   | More than 10 lakhs                     |  |
|   | Less than 10 lakhs                     |  |
|   | <b>(c) Research Projects Ongoing :</b> |  |
|   | More than 10 lakhs                     |  |
|   | Less than 10 lakhs                     |  |
|   | <b>(d) Consultancy</b>                 |  |
| 4 | <b>(a) Patents</b>                     |  |
|   | 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               |  |

20. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :

21. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :

22. Do you have any case pending against you in any court of law? (Yes/No) :

23. Experience of Administrative work, if any (please furnish details) :

| Capacity | Nature of work | Duration in years |
|----------|----------------|-------------------|
|          |                |                   |
|          |                |                   |
|          |                |                   |

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

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### 25. Declaration

I, \_\_\_\_\_ son/daughter of \_\_\_\_\_ hereby declare that all the statements and entries made in this application 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 canceled by the University.

I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

\_\_\_\_\_  
Name 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 <sup>th</sup> Class) Marks Sheet |                      |               |                    |
| 2.  | Matric/Secondary/High School (10 <sup>th</sup> Class) Certificate |                      |               |                    |
| 3.  | Sr. Secondary/Intermediate (12 <sup>th</sup> Class) Marks Sheet   |                      |               |                    |
| 4.  | Sr. Secondary/Intermediate (12 <sup>th</sup> 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).