



**FACULTY APPLICATION FORM**

**Post Applied For:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

Affix a recent  
passport size  
photograph here

1. **Name in full (In Block Letters):** Dr./Mr./Mrs/Ms \_\_\_\_\_

2. **Date of Birth (DD/MM/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

3. **Father's Name:** \_\_\_\_\_

4. **Mother's Name:** \_\_\_\_\_

5. **Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail ID: \_\_\_\_\_

6. **Permanent Address** \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

7. **Marital Status:** \_\_\_\_\_

8. **Nationality:** \_\_\_\_\_

9. **State of Domicile:** \_\_\_\_\_

10. **Religion:** \_\_\_\_\_

11. **Whether qualified UGC NET/SET**  Yes  No

(If yes, indicate the year, and attach a photocopy of NET/SET certificate) \_\_\_\_\_

12. **Whether Ph.D. awarded :**  Yes  No

(If Yes, indicate the year of award: \_\_\_\_\_)

13. **Title of Ph.D. thesis awarded:** \_\_\_\_\_

\_\_\_\_\_



**16. Co-curricular, extension and professional development related activities:**

**16.1) Student related co-curricular, extension and field-based activities** (*such as extension work through NSS/NCC and other channels, cultural activities, subject related events, advisement and counselling*).

Sr No	Description

**16.2) Contribution to corporate life and management of the department and institution through participation in academic and administrative committees and responsibilities.**

Sr No	Description

**16. 3) Professional development activities** (*such as participation in seminars, conferences, short term, training courses, talks, lectures, membership of associations, dissemination and general articles, etc.*)

Sr No	Description



**18. Research Projects Undertaken** (*other than that for a research degree*) (*Please attach separate sheet, if necessary*)

Sr. No	Title/Subject of Research Project(s)	Whether major or minor project	Date of Commencement	Date of Completion	Total Grants / Funding received (Rs.)	Name of Sponsoring/ Funding Agency	Whether Outcome / Outputs sent to Sponsoring Govt. Agency	Whether final report published as monograph book

**19. Refresher Course, Methodology, Workshops, Training, Faculty Development Programs, etc. attended.** (*Please attach separate sheet, if necessary*)

Sr. No.	Name of Course attended	Sponsoring Institution	Duration From ___ to ___

**20. Papers presented in Regional/National and International Seminars/Conferences / Workshop/ Symposium. Indicate whether the Conference Proceedings are published.** (*Please attach separate sheet, if necessary*)

Sr. No	Title/Subject of paper presented	Subject of Conference / Seminar / Symposium / Workshop	Organizing Institution/ and Name of City/ Country	Duration From __ to__	Whether the proceedings published Yes/No

**21. Lecture/Special Lectures in Institutions of repute within the country and outside. (Please attach a separate sheet if necessary)**

Sr. No.	Title/Subject of Lecture delivered	Name and Place of Institution	Date of Lecture	Duration

**22. List of Enclosures:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> SSC Mark sheet         | <input type="checkbox"/> Post PhD qualification | <input type="checkbox"/> Adhar Card                  |
| <input type="checkbox"/> HSC/Diploma Mark sheet | <input type="checkbox"/> Seminars/Conferences   | <input type="checkbox"/> PAN Card                    |
| <input type="checkbox"/> UG Mark sheet          | <input type="checkbox"/> Publications/Patents   | <input type="checkbox"/> Previous Appointment Orders |
| <input type="checkbox"/> PG Mark sheet          | <input type="checkbox"/> Research Projects      | <input type="checkbox"/> Latest Salary Pay Slip      |
| <input type="checkbox"/> PhD Certificate        | <input type="checkbox"/> Awards/Honours         | <input type="checkbox"/> Any other documents         |

**23. Name and contact details of two referees**

Name	Profession/Position	Institutional Affiliation	Address and Contact

**24. Declaration** - I certify that the above information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time it is found that any information is false concealed / distorted then, my appointment shall be liable to summarily termination without any notice / compensation.

Place: .....

Date: .....

Signature of Candidate

----- **For Office use** -----

Post Applied For \_\_\_\_\_ Department \_\_\_\_\_

**Scrutiny Committee Remark**       Eligible       Not Eligible

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\_\_\_\_\_