## APPLICATION FORM

Affix Latest Colour Passport

Size Photograph attested by Gazetted Officer with seal

1	Post to which applied:									•				
	Faculty													
2	Name in full (Block letters)			Mr./Ms./Dr.  Male/										
											Femal	e		
3	Date of Birth of the applicant			Place of Birth					Birth			1		
4	Father's/ Husband 's name			Occupation:					on:					
5	Postal Address						·							
	Telephone No. wit	ephone No. with STD Code (O)						(R)						
	Mobile No:							Email:						
6	Give the following particulars of Educational Quali											exami	nation)	. Where a
qualification has been obtained by private appearance, this should be specifically mentioned.														
	Name of the	Name of the Name of the			Name of th		ne	Year in which I					Subje	cts taken for
	Examination/ D	Kamination/ Degree School/College and Place		0	l Board/ University		v	Diploma has obtained			m with % o		,	
	(1)						,				Marks (5)		(6)	
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7	Give chronolog	•	Post He		nproymo	ent		Period		То	tal .	Baci	2 Parz	Regular /
	Name and Address of Post Held S Institution / Office		Pay			renou		Total Period in		Basic Pay & Gross		Adhoc.		
	,								each cadre		Pay		University	
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Whe	ı ether qualified in	NET/SL	T/SET/G	ATE	Yes	/ No	:							<u> </u>
If Yes, Year in which qualified Year : (Enclose attested copies of the certificates)														
8		Have you published any papers or text books? If so, give particulars and if possible enclose copies of papers/												
		poks clearly mentioning the names of international/National Journals in the case of papers published and onferences participated for Presenting papers, names of publishers in the case of Text books.												
	Details National (No.) Internat						Details		11 the				International	
	Details	. Juliviidi	(140.)	111101110	cronar (1	onai (190.)		Details		1 Tutional (1 VC		,	(No.)	
	Journals	ournals		C			nference				Ì	,		
	Seminars			Wo			orkshops							

	Text Books	Monographs					
9	Membership in professional bodies:						
10	No. of Ph.Ds guided if any (Give details on a separa	re					
	sheet)						
11	Awards received if any (Give details on a separate						
	sheet)						
12	Languages known:						
13	Details of experience:						
	Teaching to post- graduate classes with details	of					
	subjects handled, course, semester, year etc., (Enclose	ose					
	separate sheet if required)						
	Guiding Research						
	Industrial Experience						
	Administrative Experience						
14	Additional Remarks: (Applicant may mention here a	ny					
	special qualification acquired or experience gained						
	organization, administration, teaching, sports, NCC	tc.					
	not given above.)						
	DECLARATION TO BE SIGN						
	I hereby declare that the statements made in the	is application are true to the best of my knowledge.					
	Date:						
	Place:	SIGNATURE OF THE APPLICANT					
	i idee.	SIGNATIONE OF THE AFFECTIVE					
	DECLARATION TO BE SIGNED	BY THE CONCERNED COLLEGE					
	I certify that all the entries made in the applica-	tion are correct according to his/her records					
maintained in this Office.							
	I recommend that his application may be cons	dered.					
		nature					
	1 (1)						
	Designation: PRINCIPAL						
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