

APPLICATION FORM

	DATE	•••••							
	(TEACHING/NON-TEACHING) (To be filled by the applicant in his/her own handwriting in block letters)								
1.	(a) Post (b) Subject/Department:	Photograph							
2.	Name in Block letters								
3.	(a) Father's Name								
	(c) Date of Birth								
	(f) Nationality:(g) Category(GEN/SC/ST/OBC/PH): (h) Blood Gro	oup:							
	(i) Identification Marks:								
	(k) Aadhar No:(l) Driving License No(m) Passpo	ort No.:							
	(Enclose any two I .D. Proof :-Ration Card /Voter card/Driving License/PAN Card/Passpor	rt)							
4.	(a) Name of Spouse (if married)(b) Occupation of Spouse/father (c) Family Details:								
5.	(a) If selected, when you can join?: (b) Salary Acceptable:	• • • • • • • • • • • • • • • • • • • •							
6.	(a) Present place of residence:(b) Preference for Campus residence	lence : Yes/ No							
7.	(a) Present Postal Address (in block letters): Pin Code Phone Bermanent Home Address (in block letters):								
	Pin Code:								
	PhoneMobile NoE-mail								
8.	Bank Account details: (a) Name & address of the Bank								
	(c) IFSC Code(d) Nature of account: (Saving Account/ Current A	account)							
9.		owledge and ish details)							
	(b) Please state whether you are pursuing any course of studies at present? If details	yes , give							
	(c) Kindly mention the medical history if any (undergone any major surgery or suffering from any serious ailment)								
	(d) Have you ever been connected with any political party? If yes, give details								
	(e) Do you have any contract/ bond with your present employer? if yes, give details								
	(f) Do you consume liquor? Yes/No (g) Are you used to gambling?								
	(h) Have you ever been prosecuted/detained/fined/convicted by a Court of Law or debarred by any University, Public Service Commission from appearing at examinations/select case pending against you in any Court of law at the time of filling up of this applicat 'Yes' full details of the case/detention/fine/sentence etc.:	ction? Is any							

Sr. No.	Exam P	assed		Name Institu	of te	the	Cit	si	niver- ty/ oard	Year Passin		% age Marks& Division	of		lar/Cori ence/Pa
(i)	Matric														
ii)	10+2/ D	piploma/	TTI												-
iii)	Graduat Spl:	ion:													
iv)	Post Gra	aduation	1:												
v)	Spl: Ph.D.														
vi)	Any (NET/ C	other	Exam												
(c)) M. Tec	h./ M.P.	hil Diss				•••••								
Sr	I. Experience (write from Institute/			Duration				Designation/			Emolumen	Reason for			
(i)	. Indus	try & A	ddress	From	To	Tot	tal Per	riod	natu	re of duti	ies	Scale etc	c	le	eaving
(ii)															
(iii															
(iv															
(v)															
(vi)															
(vi															
Enc 1 Y S	2. Resul ear:	ies of al t of clas	ses tauş	ght (last the Year: Semester	C and	ars):	imon	ials) exures Year Sem	r: ester :	to)	Year:	er:		
S	ubject	Sem.	%	Subject	Sen	n	%	Sub	ject	Sem.	%	Subjec	et :	Sem.	%
	xtra Curi Name of Activity			es (Sports, Level/Nam					ties, N.		S.S.) (ear	etc. (Annex Posi		sto	
	ACHVITY														

10. (a) Educational Qualifications (from Matriculation onwards) (Annexures _

Any other achievem	ent you would like to m	nention:		······································					
14. (a). Total number	er of publications (Anne Journal	cxures to Conferences): Seminars	•					
NI-41I	Journal	Comerences	Semmars						
National									
International	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7								
* Attach a list with	n Name, ISSN No & Im	pact Factor							
	ith title of book, Detail	-							
(c) Detail of Patents									
15 Conference/Sen	ninar / Training progran	nme attended by you	r (Attach list) (Anne	exures to)					
Conference	Name of	Place	Date	Sponsoring body					
Conterence	Conference	Tiucc	Date	Sponsoring body					
National									
International									
International									
	<u></u>		<u>L</u>	.1					
Please note that:									
	ot be allowed to under	take any further stud	dies during your en	nployment without prior					
written pern	nission of the competen	t authority.							
You will not	t undertake any part-tin	ne job including coac	ching/tuition etc.						
16. References:									
Name & Addresses	of two references, not r	elatives (preferably e	employer/ superviso	r/ teacher)					
Name:			Name:						
Designation:		Designation:							
Affiliation		Affiliation							
Contact No		Contact No							
Email ID:		Email ID:							
I declare that the in	formation given above	e is true and correct	to the best of my	knowledge and belief &					
				tion by me may result in					
	atter pertaining to me, i			from any of my previous					
Place:	-	y - y							
Date:	_								

(APPLICANT SIGNATURE WITH DATE)