



	If yes, please specify (Certificate obtained from competent Medical Authority should be attached as evidence)	i) Visually Impaired _____ ii) Hearing Impaired _____ iii) Orthopaedically Handicapped _____ iv) Others, if any _____
8.	Permanent Address	Phone/ Mobile: E-mail:
9.	Address for Communication	Phone/ Mobile: E-mail:

10. (a) Educational Qualification

Programme of Study	Name of the Institution/University	Major Subject(s)	Regular or Distance or Open University System	Month and Year of Passing	Class	% of Marks (exact - 2 decimals)
Ph.D.						
M. Phil.						
PG _____						
UG _____						
HSC						

SSLC						
Others, if any						

10. (b) Details of Qualifying Level Test

Name of the Qualifying Level Test	Name of the Institution	Subject	Month & Year of Passing
NET			
SLET/SET			

11.	Area of Specialisation	
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12. Employment details in Government/aided institutions as permanent faculty

Name of the University/College/Institute	Designation held	Date of Joining	Date of retirement	*Salary details (Basic Pay and Allowances)	No. of years in regular service

*\*Service Certificate(s) with Salary details to be enclosed.*

13. Employment details in Private institutions

Name of the University/College/Institute	Designation held	Date of Joining	Date of Leaving	Salary details (Basic Pay and Allowances)	No. of years of service


14.	<b>Teaching Experience</b>	i) Graduate Level <input type="text"/> years ii) Post Graduate Level <input type="text"/> years iii) Others (specify) <input type="text"/> years
15.	<b>Research Experience</b>	Total No. of Years _____
	(a) Research Guidance	<b>M.Phil.</b> Completed <input type="text"/> Ongoing <input type="text"/> <b>Ph.D.</b> Completed <input type="text"/> Ongoing <input type="text"/>
	(b) <b>Research Projects</b> (details to be enclosed)	Completed <input type="text"/> Ongoing <input type="text"/>
	(c) No. of Research Publications/ Books (details to be enclosed including ISBN/ISSN Nos.)	
16.	Administrative Experience (Give details)	<input type="text"/> years
17.	Any other experience that can be counted	
18.	Participation in extra-curricular and sports or athletic activities during your educational career	

19. Languages known (Please underline your mother tongue)

Read only	Speak only	Read and Speak	Read, Write and Speak	Examination passed, if any

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20.	Any Special Programmes attended (Give details)	
21.	Membership of Academic or Scientific Bodies	

22. Travel Abroad

Countries Visited	Duration of Visit	Month & Year	Purpose of Visit

23.	Prizes, Awards, Special Achievements, if any	
24.	The period of time required to join the duty, if the post is offered	

25.	Have you ever been dismissed/suspended from service/employment? If yes, give full details	
	Were you involved in any legal case? If yes, give full details	
	Is any legal case pending against you in the court?	

	If yes, give full details	
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26.	Any additional information that the applicant may wish to be considered	
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27. Checklist for Enclosures (in the following order):

- i) Application fee in the form of D.D.
- ii) First page of SSLC Book/Transfer Certificate/SSLC Mark Statement
- iii) HSC Mark Statement
- iv) Degree Certificates starting from highest degree
- v) Mark Statements for PG Degree(s)/M.Phil.
- vi) NET/ SLET/ SET Certificate(s)
- vii) Community Certificate, if applicable
- viii) Service Certificate from the present employer
- ix) Copies of certificate(s) for previous employment
- x) List of Publications
- xi) Others

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I, \_\_\_\_\_ hereby declare that the information given in this form are true to the best of my knowledge and belief. I also understand that suppression of facts or deliberate furnishing of wrong information will entail summary rejection of application and, if detected after appointment is made, lead to disciplinary action or termination of appointment.

Place:

Date:

Signature of Applicant

REMARKS OF FORWARDING AUTHORITY

Place:

Date :

Signature with Seal