

3.

	D	D	M	M	Y	Y	Y	Y					
Date of Birth													
Age (as on date)			Years				Months				Days		
Birth Place													
Nationality													
Male/ Female													
Married/ Unmarried													

4.

Caste category	S.C.	S.T.	D.T.(A)	N.T.			S.B.C.	O.B.C.	OPEN
				B	C	D			

5.

Educational Qualification					
Examination	University/ Board	Month and Year of Passing	Subject	Percentage of Marks obtained	Class/ Division
S.S.C.					
H.S.C.					
Graduate					
Post-Graduate					
Doctor's Degree					
Any other qualification					

6(a). Teaching Experience

Institution/ Organization	Position Held	Nature of Appointment	Period of appointment		Total Exp.
			From (Date)	To (Date)	
	Asst. Professor				
	Asst. Professor Senior Scale				
	Asst. Professor Selection Grade				
	Asso. Professor				
	Professor				

6(b). Administrative Experience

Institution/ Organization	Position Held	Nature of Appointment	Period of appointment		Total Exp.
			From (Date)	To (Date)	
	Head				
	Dean				
	Registrar				
	Any Other				

6(c). Professional Experience/ Research

Institution/ Organization	Position Held	Nature of Appointmen t	Period of appointment		Total Exp.
			From (Date)	To (Date)	

7. Journal Publications

Sr. No	Title of the Paper	Title of the Journal	Year of publication	SCI Indexed (Yes/NO)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

8 PhD candidates Supervised (Name of candidates to only whom PhD degree awarded)

Sr. No	Name of candidate	Title of the Thesis	Year of PhD awarded
1			
2			

9. Other Qualifications and experience, if any.

10. Implementation of Innovative Administrative Practice (If any, describe in 100 words).

11. Knowledge of ICT (Mention specific skills):-

12. Give your vision note on 'University Governance in the light of NEP implementation'. (Please give details on a separate sheet)

13. (a) Present position:

(b) Name of Institution/ Organization where employed:

(c)

Salary:	
Pay Level:	
D.A. Rs.	
H.R.A. Rs.	
C.L.A. Rs.	
Others Rs.	
Allowances, if any	
Total Rs.	

(d) Date of appointment:

(e) Date of next increment:

(f) Attach Last Pay Certificate, if any

14. Names of persons who have given reference letters.

Sr. No.	Name & Designation	Email ID	Mobile No.
1			
2			
3			

15. Names and addresses of not more than three persons to whom references may be made

1) _____

2) _____

3) _____

I hereby declare that all statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature/ appointment is liable to be cancelled/ terminated. I further understand that no notice shall be taken of any request for withdrawal of my application.

Place:

Date:

(Signature of candidate)