Form-1 for Faculty Positions (Professor, Associate Professor and Assistant Professor)

Post Applied For :							
Functional Area :							
						Photo	
Specific Subject Area	a's Description :						
		Section	on – A				
Full Name (In Block I	_etters)						
Date Of Birth							
Father's / Spouse Na	me						
	Address for Mailing				Permanent Address		
Address Line1:	Address for Maining		Address Line	1:	r cimanent Address		
Address Line2:			Address Line	2:			
Pin Code:			Pin Code:				
Telephone No. (With STD Code)			Telephone No. (With STD Code)				
(**************************************			(William)	oue)			
		Contac	t Details				
Mobile No.			Email Address				
Gender			Marital Status				
			(Married / Unmarried)				
Nationality			State of				
Category			Domicile				
(SC/ST/OBC/Gen/Pv Present Employer	vD)						
		Sootie	on – B				
Category I : Teachir	ng, Learning And Evaluatio		011 – D				
-		Educational C	Qualifications *	1			
Examination / Degree	Name of Board/Co	llege/University	% of Marks		Subject (s)	Year of Passing/ award	
PhD							
Post Graduation							
Graduation							
XII							
Х							
Others							
Others							
* Attach supporting	documents.						

W 4 5 5 1 1 0 1								
Whether Ph.D. awarded (Yes /	No)							
Title of Ph.D. thesis awarded								
Whether qualified UGC/CSIR NET/SLET/ARS (Yes / No)								
		Details of E (In chronological ord	mployment Exp		nt)			
Name of Employer/Status of	Post he	eld/Designation		Employment	Basic sala	ry last	Nature of	
Institute/University (Govt.			From To		drawn, pay	drawn, pay scale and Grade Pay		
/Quasi Govt./Autonomous etc.)					and Grad	e Pay		
* Attach supporting documents.								
		Summary of	Experience/Per	formance				
					To	otal		
Teaching Experience		From	То		Years		Months	
Under Graduate								
Post Graduate								
T. (T.)								
Total Teaching Experience	9							
Short term/ Continuing Education/S								
Courses conducted								
* Attach supporting documents.								
		Pose	earch Experienc	•••				
Research Experience other th	an the	From		To	Years		Months	
period spent for obtaining M.Ph		110111		10	rears		Months	
Research Degree								
* Attach supporting documents.								
CATEGORY II : CO-	CURRICUI	AR. EXTENSION A	ND PROFESSI	ONAL DEVEL	OPMENT RELATE	ACTIVIT	TES	
С	o-curricula	ar, extension and p	rofessional dev	elopment rel	ated activities			
1) Student related co-curricular, extension and field based activities and counselling.								
Description								
2) Contribution to corners	to cooter	management of the	donartment ar	nd institution	through participati	on in aca	domic and	
2) Contribution to corpora administrative committ			z uepartinent ar	เน เมอนเนนเปก	unough participati	on in aca	uellile allu	
Description								

CATEGORY III : RESEARCH AND ACADEMIC CONTRIBUTION RESEARCH PUBLICATIONS								
1). Books – Self authored/co-authored/edited								
Title of the Book(s)	Whether Sole Author or Co-author Co-							
* Attach supporting documents.								

2). Chapters contributed in edited books							
Title of Chapter(s)	Title of the Book(s)	Whether Sole Author or Co- author	Name of Publisher (with city/country)	Moth & year of publication	ISBN/ISSN No.		
* Attach supporting of	locuments.						

Title of research article/paper(s)	Name of journal	Whether Sole Author or Co-author	Month & year of publication, volume, no. & page nos.	Whether Referred/non- referred	ISBN/ISSN No.	Level (Int./Nat./State/Local	NAAS Rating/Impact Factor
* Attach supporting	g documen	ts.			•		

Research Projects Undertaken: (other than that for a research degree) Title/ Project Date of Whether Whether Date of Total Name of Subject Type commencement Completion **Grants/Funding** Sponsoring/Funding Outcome/Outputs final report received (Rs.) of Agency sent to published Research **Sponsoring Govt.** as Project(s) Agency monograph book * Attach supporting documents.

Papers presented in Regional/National and International Seminars/Conferences/Workshop/Symposium. Indicate whether the Conference Proceedings are published.								
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				
* Attach supporting d	ocuments.							
Other Miscellaneous	Information							
1). Membership/Fello	wship of other institutions/profession	onals societies :						
2). Other activities/Re	esponsibilities :							
3). Any other relevant	t information, if not given above :							
4). Has there been an	y break in your academic career ? If	so, give details. :						
5). Have you been pu	nished during your studies at Colle	ge/University ? If so, give	details :					
6). Have vou been pu	nished during your services or conv	victed by a court of law ? I	f so, give details, :					
, ,	3,							
7) Were you at any ti	me declared medically unfit or aske	d to submit your resignati	on or discharged or dism	issed 2 If yes give details				
7). Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed ? If yes, give details in a separate sheet. :								
8). Name and Address	ses of Two references							
*Recommendations from two Referees, not related to the applicants.								
Declaration to be Signed By The Candidate:								
I hereby declare that the information given by me in the Form-1 is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.								
Place:								
Date:			(S	ignature)				