

	APPLICATIO	ON FOF	RM F	OR F	REA	SEA	RCH ASSOCIA	TE		
ADVERTISEMENTPUBLISHED IN DATED						FORM NUMBER (FOR OFFICE USE ONLY)			PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE	
<b>1.N</b> A	AME OF THE POST APPLIEI	) FOR			I					
<b>2.</b> P	ERSONAL DETAILS		•							
A.	NAME	-	FIRS	T NAN	ЛE		MIDDLE NAM	E	E SURNAME	
11.	(IN CAPITAL LETTERS)									
		DAY	MO	NTH	Y	TEARAGE AS ON			YEAR	MONTH
В.	DATE OF BIRTH					DATE				
C.	PLACE OF BIRTH		ITY /	VILLAGE			STATE		COUNTRY	
D.	FATHER'S NAME									
E.	MOTHER'S NAME									
F.	NATIONALITY									
G.	GENDER									
	COMMUNITY/CATEGORY									
H.	(TICK WHICHEVER IS APPLICABLE)									
I.	MARITAL STATUS									
	IF PHYSICALLY CHALLEN	GED, IN	DICA	TE	E IF APPLICABLE,		PERCENTAGE OF		TAGE OF	
J.	THE RELEVANT PARTICULARS					WRITE 'YES'		DISABILITY		
(i)	BLINDNESS OR LOW VISION	N								
(ii)	HEARING IMPAIRMENT									
(iii)	LOCOMOTOR DISABILITY O	OR CERE	EBRA	L						
	PALSY(INCLUDES ALL CASES OF									
	ORTHOPEDICALLY HANDICAPPED)									

<b>3. EDUCATIONAL QU</b>	ALIFICATIONS (ATTAC	H ADDITIONAL PAGES, IF REQUIRED)
	EXAM PASSED YEAR	
CLASS 10 <sup>TH</sup> /	SUBJECTS STUDIES	
EQUIVALENT	MARKS (%) / CGPA	
	INSTITUTION /	
	SCHOOL	
	BOARD / COUNCIL /	
	UNIVERSITY	
	EXAM PASSED YEAR	
10+2 /	SUBJECTS STUDIES	
EQUIVALENT	MARKS (%) / CGPA	
	INSTITUTION	
	(SCHOOL / COLLEGE )	
	BOARD / COUNCIL /	
	UNIVERSITY	
	EXAM PASSED YEAR	
BACHELOR'S DEGREE	SUBJECTS STUDIES	
	MARKS (%) / CGPA	
	INSTITUTION	
	(COLLEGE /	
	UNIVERSITY)	
	UNIVERSITY	

		EXAM PASSED Y	'EAR				
MASTER'S DEGREE		SUBJECTS STUDIES					
		AREA OF					
		SPECIALIZATION	N				
		MARKS (%) / CGI	PA				
		INSTITUTION					
		UNIVERSITY					
ANY OTHE	R						
EXAMS PASSED							
	SSED						
		CE (INCLUDING C	URRENT P	OSITION / E	MPLOYMEN	T)	
SL DESIG · N		NAME AND ADDRESS OF	URRENT P DATE OF JOINING	OSITION / E	MPLOYMEN LENGTH OF SERVICE	NATURE C	DF WORKS / FIES

Π			
III			
IV			

5. PUBLICATIONS	S, IF ANY					(use separate pa	ge if required)
PUBLICATIONS			PUBLISHE (NO.)	D ACCE	RINT	SELF ASSESSMENT API SCORE (If applicable)	VERIFIED API SCORE (If applicable)
BOOKS							
RESEARCH PUBLICATIONS							
RESEARCH	NATION	AL					
PUBLICATIONS (JOURNALS)	INTERN ONAL	ATI					
MONOGRAPHS							
OTHER PUBLICA	TIONS						
6. SEMINARS / CO ORGANIZED E		CES / WO	ORKSHOPS /			RAMMES, ATTEN dditional pages or c	
		IN IND (NO.	-	AD TO	TAL NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE
							I

7. REFERENCES(ACADEMIC / PROFESSIO COMMUNICATION)	ONAL) (THREE) (WITH COMPLETE ADDRESS FOR
	REFEREE – 1
NAME:	
DESIGNATION:	
ADDRESS:	
EMAIL:	
PHONE (LANDLINE) WITH STD CODE:	
MOBILE NO:	
FAX:	
EMAIL:	
	REFEREE – 2
NAME:	
DESIGNATION:	
ADDRESS:	
EMAIL:	
PHONE (LANDLINE) WITH STD CODE:	
MOBILE NO:	
FAX:	
EMAIL:	
	REFEREE - 3
NAME:	
DESIGNATION:	
ADDRESS:	
EMAIL:	
PHONE (LANDLINE) WITH STD CODE:	
MOBILE NO:	
FAX:	
EMAIL:	

8.ADMINISTRATIVE / MANAGEMENT AND OTHER RELATED EXPERIENCE:

9.MENTION ANY PROFESSIONAL RESPONSIBILITIES YOU MAY HAVE TAKEN (E.G. EDITORIAL/CONFERENCE ORGANIZER ETC.)

**10. HONOURS AND AWARDS (PLEASE PROVIDE DETAILS):** 

#### 11. MEMBERSHIP / FELLOWSHIP OF LEARNED BODIES / SOCIETIES (PLEASE PROVIDE DETAILS):

### 12. ANY OTHER INFORMATION / QUALIFICATION RELEVANT TO THE POST APPLIED FOR:

13. CANDIDATE'S NAME A	ND ADDRESS FOR COR	RESPOND	ENCE	
NAME				
	MAILING ADDRI	ESS	PER	MANENT ADDRESS
COMPLETE ADDRESS WITH PIN CODE				
E-MAIL	PHONE NO. (LANDLINE WITH STD CODE)	MOBI	LE NO.	FAX NO.

# 14. LIST OF SELF ATTESTED TESTIMONIALS ATTACHED (ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW). PLEASE TICK ( $\sqrt{}$ ) THE ONES APPLICABLE

- (a) MATRICULATION MARKSHEET / CERTIFICATE
- (b) INTERMEDIATE MARKSHEET / CERTIFICATE
- (c) B.A. / B.SC. / B.COM. (FINAL) MARKSHEET / DEGREE
- (d) M.A. / M.SC. / M.COM. / M.B.A. (FINAL) MARKSHEET / DEGREE
- (e) B.A., LL.B.(HONS.) / B.SC., LL.B.(HONS.) / B.COM. LL.B.(HONS.) (FINAL) MARKSHEET / DEGREE
- (f) LL.M. / M.L. MARKSHEET / DEGREE
- (g) CASTE CERTIFICATE ISSUED BY THE COMPETENT AUTHORITY (OBC/SC/ST/ETC.)
- (h) EXPERIENCE CERTIFICATE
- (i) RECOMMENDATION LETTER(S)

#### (j) AWARD(S) / FELLOWSHIP(S)

#### (k) PUBLICATION(S)

#### TOTAL NUMBER OF ABOVE SELF ATTESTED TESTIMONIALS ATTACHED -

## **N.B.** APPLICATIONS WITHOUT THE ABOVE SELF ATTESTED TESTIMONIALS (APPLICABLE TO THIS VACANCY) WILL NOT BE ENTERTAINED.

#### **15. DECLARATION**

I, \_\_\_\_\_\_, hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection committee, my candidature / appointment may be cancelled by the university and I will have no claim against the decision of the university.

\*Name as signed (in block letter)

\*Application Not Signed By The Candidate Liable To Be Rejected