

Application Form

Affix Latest
Colour Passport
Size Photograph
attested by
Gazetted Officer
with seal

1. Post to which applied :

(a) Department:

(b) Designation:

2. Name in Full (Block letters) :

3. Date of Birth :

4. Father's/ Husband 's name :

5. Postal Address :

i. Telephone Numbers with STD Code (O) :

ii. Mobile Number :

iii. E mail:

6. Give the following particulars of Educational Qualifications (Commencing with SSC or equivalent examination). If a qualification has been obtained by private appearance, this should be specifically mentioned.

Name of the Examination/ Degree	Details of School/College	Name of the Board/ University	Year of Award	Class & % of Marks	Subjects taken for specialization
(1)	(2)	(3)	(4)	(5)	(6)

7. Give chronological order details of employment

Name and Address of Institution / Office	Post Held	Scale of Pay	Period		Total Period in each cadre	Basic Pay & Gross Pay	Regular / Adhoc. University ratified
			From	To			
1	2	3	4	5	6	7	8

8. Whether qualified in NET/SLET/SET/GATE Yes / No: _____

If Yes, Year in which qualified : _____ (Enclose attested copies of the certificates)

9. Details of Research Publications:

Sl.No.	Title of the Publication with Page Numbers	Journal Name	Month & Year of Publication	ISSN/ISBN Number	Specify.... SCI/UGC/AICTE/ Scopous (UGC Care List Group-II)

10. Details of Ph.Ds Guided if any :

11. Details of Memberships in Professional Bodies:

11. Details of Awards received, if any:

12. Any Other Information:

DECLARATION BY THE APPLICANT

I hereby declare that statements made in this application are true to the best of my knowledge.

Further, I understand that I am eligible for the Post applied as per the University Guidelines.

Date:

Place:

SIGNATURE OF THE APPLICANT

DECLARATION BY THE CONCERNED COLLEGE

I certify that all the entries made in the application are correct as per our College Records.

I also certify that this Candidate is eligible for the Post applied as per the University Guidelines.

Hence, I recommend his application for which he/she is applying.

Full Signature _____

Designation: PRINCIPAL

Office Seal _____

NOTE:

The Principals and applicants are here by informed to enclose the following Xerox Copies of certificates as a Proof of claim.

- **Qualification:** Original Degree Certificates of Ph.D/ M.Tech/M.Pharm/PharmaD/ B.Tech/ B.Pharm (as case may be) along with Proof of Percentage Marks.
- **Experience:** Appointment Letter(s), Service Certificate(s), Joining and Relieving Certificates.
- **Research Publications:**
 - (i) Full Length Publication along with ISSN/ISBN Number.
 - (ii) Proof of publication in SCI journals / UGC / AICTE approved list of journals/Scopus (UGC Care List Group-II).
- **Doctoral Guidance:** Thesis Copies/Gazette Notifications/Any other supporting documents.