



हरियाणा केंद्रीय विश्वविद्यालय / CENTRAL UNIVERSITY OF HARYANA

(संसद के अधिनियम के तहत स्थापित / Established under the Act of Parliament)

जांट-पाली, महेन्द्रगढ़ (हरियाणा) / Jant-Pali, Mahendergarh (Haryana)

Office Use Only

Serial No.

APPLICATION FORM FOR TEACHING POSTS

1. Post Code : _____

Position applied for (Specialization) _____

Advt. No. _____ dated: _____

2. Name of Department : _____

3. Name of the Candidate : _____

4. Date of Birth (dd/mm/yy): _____ Age as on Last date : _____

5. Sex(M/F/O) : _____

6. Father's Name : _____

7. Mother's Name : _____

8. Grand Father's Name : _____

9. Address :

(a) Correspondence : _____

(b) Permanent : _____

(c) Telephone : _____ E-Mail : _____

10. Marital Status (Yes/No): _____

If yes Spouse Name : _____

11. Nationality : _____

12. Ex Servicemen (Yes/No) : _____

13. Reserved Category (SC/ST/OBC/PWD): _____

Document Enclosure No. _____

14. If physically disabled, indicate the relevant particulars:

Nature of Disability	If applicable, Write 'yes'	Percentage of disability
a. Blindness or low vision :		
b. Hearing impairment		
c. Locomotor disability or cerebral palsy (includes all cases of Orthopaedically handicapped)		



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15. Academic qualifications (Attach additional pages, if required) : In case of CGPA, please convert it to percentage values based on the rules mentioned by your respective institutions. Criteria/Formula to convert CGPA to % (percentage) should be provided on the back side of the concerned DMC.

Name of the Class/Degree	Mode of Education (Regular/online/distance/private)	Name of Institute	Board/University	Status of Board/University (Central/Deemed/State/Private)	Year of Passing	Percentage (%)	Division	Document Enclosed No.

16. Research Degree(s) (Attach additional pages, if required):

Name of Degree	Specialization	Institution/University	Status (Awarded / Ongoing /Submitted)	Whether Ph.D. degree awarded as per UGC Regulation 2009(In Case of Doctoral and Awarded)	Date of Registration	Date of Thesis Submission	Date of Award of Degree	Title of Thesis	Document Enclosed No.

17. Whether qualified NET/NET JRF etc. conducted by UGC/CSIR/ICAR/State? : _____

Type	Awarding institution or body	Subject	Year	Roll Number	Document Enclosed No.



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18. Extra Co-Curricular Activities:

Type (NCC/ NSS/ Sports /Debate/Cultural Activity/ Others)	Level of Activity (International /National/ State)	Name of Activity/ Event	Awarding institution or bodies or details	Document Enclosed No.

19. Referees Details: Kindly provide names and addresses (including e-mail id and telephone number) of three or more Referees. The referee should not be relative of the applicant.

Name of Referee	Designation	Address	Email	Telephone No.

20. Present Employment:

Employer Name	Status of Organization (Central/ State/ Govt. Aided/ PSU/ Autonomous /Private)	Designation	Since date	Pay	Group	Pay Scale	Grade Pay	Gross Pay	Nature Of Employment (Permanent / Contract/ Ad-hoc)	Nature of Work (School /UG/ PG/ Research /Administration)	Document Enclosed No.



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21. Past Employment:

Employer Name	Status of Organization (Central/ State/ Govt. Aided/ PSU/ Autonomous /Private)	Designation	From Date	To Date	Pay	Group	Pay Scale)	Grade Pay	Gross Pay	Nature of Employment (Permanent / Contract/ Ad-hoc)	Nature of Work (School /UG/ PG/ Research /Administration)	Document Enclosed No.

22. Teaching / Research Experience :

Employer Name	Status of Organization (Central/ State/ Govt. Aided/ PSU/ Autonomous /Private)	Designation	From Date	To Date	Pay	Group	Pay Scale	Grade Pay	Gross Pay	Nature of Employment	Nature of Work (School /UG/ PG/ Research /Administration)	Document Enclosed No.



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Total Work Experience (year month days): _____

School Teaching : _____

UG Teaching: _____

PG Teaching : _____

Research : _____

Administration: _____

Others : _____

23. Details of Professional Recognitions , Awards , Fellowship , Honours Received :

Award Type (International/ National/ State / Local / Institution Level)	Award Name	Awarding Institution or Body	Date	Document Enclosed No.

24. Membership of Professional Bodies :

Name of body	Type of membership	From Date	To Date	Positions held	Document Enclosed No.

25. Research paper published in : Publication Type are:

(a) Indexed Journal (JCR/ Plumbed/Scopus/ NAAS)

(b) Referred Journal

(c) Official Journal of recognized National Society/ Academy with ISSN ISSB number

(d) Other Non-Refereed but recognized and periodical, having ISSN ISBN number

(e) Conferencing Proceeding as full paper etc (Abstract not to be included)

Journal/ publication Type- out of (a) to (e)	Details of Published Work							Impact factor in case of refereed journal	Authorship	Self Assessment Score of API	Document Enclosed No.
	Name Of Journal / Publication	ISSN/IS BN /Ref No.(if any)	Title of Published Work	Vol. and No.	From Page No	To Page No.	Date of Publication				



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26. Research Publications (Books,Chapter in books,Other than refereed journal articles) :

Book Details			Detail of Text or reference Books,Subject Books and chapters in book			Authorship	Self Assessment Score of API	Document Enclosed No.
Level of Publication (International /National / State / Local)	Type of Publication (Text or Reference book/ Subject book/ Chapter in knowledge bank vol.)	ISBN No.	Name & Address of Publisher	Title of Book	Title of Chapter (if applicable)			

27. Research Projects :

Type(Sponsored / consultancy /Quality Evaluation accepted by funding agency)	Status (Completed / on-going)	Nature of Project (Mega /Major/ Minor)	Title of Project	Capacity (Principal Investigator / Co-investigator)	Name of Funding Agency	Value of Project (in Lakh Rs.)	Duration of Project (in month)	Self Assessment API Score	Document Enclosed No.

28. Research Projects Output / Outcome:

Type (Patent/ technology transfer/ Product/ Process/ Major Policy Document)	Detail of Output	Name of Agency	Capacity (Principal Investigator /Co-investigator)	Status (National/ International)	Validity From	Validity To	Value Earned (Rs. in Lakh)	Self Assessment API Score	Document Enclosed No.



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29. Research Guidance :

Type of Degree (M.Phil /Doctoral)	Name of Degree	Capacity of Guidance (Supervisor /co- supervisor	Status (Awarded /Submitted)	Number of researcher(s)	Self Assessment API Score	Document Enclosed No.

30. Training Courses and Conference / Seminar / Workshop

Type (Refresher course/ Research methodology course/ workshop or training /Teaching learning evaluation tech. prog./ soft skill dev. prog./ faculty dev. prog.	Duration (in weeks)	Self Assessment API Score	Venue and other details	Document Enclosed No.

31. Participation in Conference / Seminar / Symposia / Workshop :

Type of Participation (oral/ poster/ invited lecture presentation)	Status (International /National/ state/ local)	Title of Paper	Date	Self Assessm ent API Score	Whether Published in form of Proceeding of the Conference (y/n)	Document Enclosed No.



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32. Conference / Workshop / Training programme / Refresher / Orientation programme organized

Name of the Event	Category(International /National/ state/ local / institution)	Date	Venue	Sponsoring Agency	Role as Organizer	Document Enclosed No.

33. Whether Editor or Member of Editorial Board of referred Journal (Yes /No) :

Name of Journal	Document Enclosed No.

34. Whether any Administrative work carried out (Yes /No) :

Capacity (Administrative warden / Member of Proctorial board/ Coordinator /HOD/ Dean/ Director/ others)	Duration in years	Document Enclosed No

35. Statement about work done (teaching and/or other professional activities related to the discipline) so far and significance of the professional contribution :



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36. Brief statement on your philosophy about teaching :

37. Statement about proposed Research/Professional activity and brief outline of proposal. If selected, how you would like to develop your department and your area of interest :

38 Demand Draft Details:

DD No	Bank Name	Branch Name	DD Date	DD Amount

39. Have you ever been disqualified during your studies at College/University? (Yes/No):

40. Have you ever been punished during your service or convicted by a court of law? (Yes/No):

41. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No):

42. Do you have any case pending against you in any court of law? (Yes/No):



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Declaration to be signed by the Candidate :

I hereby declare that the entries in this form are correct and true to the best of my knowledge and belief. If at anytime, I am found to have concealed/ suppressed any material/ information or given any false details, my candidature/appointment to the post shall liable to be summarily terminated without notice or compensation.

Date:

Place:

(Signature of the Applicant)

ENDORSEMENT OF THE EMPLOYER

Ref No

Date

FORWARDED

The applicant (name) is holding the post of in this College/ University/ Institution/ Department in a temporary/ substantive basis since(date). His/Her present Pay is Rs in the Pay structure of Rs with AGP/GP of Rs and he/she is drawing salary of Rs.per month. His/Her next date of increment isWe have no objection to his/her application being considered.

Place:

Date:

Signature of the Officer
with office seal

Remarks: Candidate already employed should submit application through his/her employer.