

APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR (To be submitted in duplicate) Last Date of Application: September 30, 2021 (05.00 pm)	Affix passport size photograph
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Advertisement No. DET/1/2021

Dated : 15-09-2021

Discipline	
Specialization	
Demand Draft No. & Date	
Bank & Payable at	

1	Name in full (in Block letters)	
2	Father's / Husband's Name	
3	Permanent address. Village/Street Post Office with PIN Code Police Station District State	
4	Present address for communication Village/Street Post Office with PIN Code Police Station District State Mobile No. & Phone No. E-mail I.D	
5	Date of Birth with age*	
6	Place of Birth (District and State)	
	Citizenship	
7	Category (Gen/OBC*/MOBC*/SC*/ST*)	
8	Religion	
	Community and Caste	
9	Marital status	
10.	Priority (Differently abled persons)	

* Copies of Proof should be enclosed

11	Educational qualification (From HSLC)*:				
	Degree obtained	Institution Studied	Year of passing	Class or Grade	Specialization
	i.				
	ii.				
	iii.				
	iv.				
	v.				
	vi.				
Whether undergone course work in Ph.D.					
12	NET / SLET qualified **				

** Copies of proof should be enclosed

13	Teaching/Research/ Guidance/Extension Experience:							
		Details (Couses/Project)	Duration	Additional information				
I	Teaching i. UG ii. PG							
II	Research: Designation							
III	Students Guided (No.)							
IV	Extension							
14	Previous Experience if any.***							
	Employer	Post held	Pay (Rs)	Period		Years	Months	Days
				From	To			

*** Period spent on study for Masters/Ph.D. degrees should not be taken as experience.
(Copies of appointment and relieving orders are to be enclosed)

15	Publications:			
a. Books				
	Title	Authors	Years	Publishers

b. Book Chapters			
Name of the Books	No and Name of Chapters	Years	Publishers
c. Research Papers			
Titles	Journals	Vol (No)	NAAS Score
d. Extension Bulletin/Training Manual/Teaching Manual****			
Titles	Publishers	Years	Bulletin No
16	Medals, Awards and Fellowships obtained (Local / National / International)*		

**** Attach Proof

17	Seminars/Conferences/Trainings attended and paper presented (Attach proof)		
	Title	Duration	Organized by
18	Membership in Scientific Bodies (Attach copies of proof)		
	Name of the Societies	Membership type	

I certify that the information furnished above are true and correct to the best of my knowledge and belief. Should there be any incorrect or false information having been furnished or that may come to light in due course, I find myself punishable for such action as the FEEDS Group of Institution may deem fit.

Place.....

Signature

Date

Name in Full

List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7