



8. Tick-Mark the appropriate Box (Please attach a copy of the documentary proof)

GEN  SC  ST  OBC  PH  XSM

9. Total years of the experience after attaining essential qualification:

10. Areas of specialization


11. Current areas of Research


12. Academic Record starting with secondary education (Please attach photo copies of certificates/Mark Sheets etc.)

Examination	Branch/ Specialization	Board/College/ Univ./ Institution.	Year of passing & degree awarded	%age of marks	Division

13. Employment [Please attach photo copies of experience certificates]

Employer	Position held (Regular / Contractual)	Duration (Exact dates to be given)		Total period (yy/mm/dd)	Basic pay with scale of pay	Detailed description about nature of duties performed & performing*
		From	To			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			

\* Please attach separate sheet (s) with complete description of the duties performed & being performed, failing which, application may not be considered.

14. Special Awards/Honours received, if any:

Year	Name of award/honour	Name of organization

15. Membership of professional bodies:

Name of the Body	Status of Membership: Life/Annual

16. Please mention below best five research publications and attach separate list of all publications (To be filled only by the applicant)

Sr. No.	Year	Title of Publication	Name of Journal
i			
ii			
iii			
iv			
v			

17. Name & Address of three Referees (should be your reporting officer(s) and/or employer(s) in the previous and present employment):

	Name	Occupation/Position	Official Address	Contact Information
1.				Phone: Fax: Email:
2.				Phone: Fax: Email:
3.				Phone: Fax: Email:

**DECLARATION**

I, do hereby solemnly declare that the information given, the statements made and documents attached with this application form are correct and true to the best of my knowledge and belief. If any information/statement/document is found to be incorrect/false, my candidature/appointment is liable to be cancelled.

There are \_\_\_\_\_ attached sheets along with this form.

Date:

Place:

(Signature of the applicant)