

CENTRAL UNIVERSITY OF KARNATAKA

(A Central University established by an Act of the Parliament in 2009)

Sl. No.

FOR OFFICE USE ONLY

REGN. NO.

APPLICATION FORM FOR CONTRACT FACULTY

Name of the post :

Subject :

PASTE HERE A
RECENT PASS-PORT
SIZE PHOTOGRAPH
AND SIGN ACROSS

GENERAL INFORMATION:

1. Full name of the candidate :
(IN BLOCK LETTERS)
2. Father's Name :
.....
3. Husband's Name :
(in case of married Women)
4. Date of Birth :
(As recorded in Matriculation or equivalent certificate) Day : Month : Year :
5. Age :
(as on the last date of advertisement)years
6. Nationality :
.....
7. Sex (Male / Female) :
.....
8. Marital Status (Married / Unmarried) :
.....
9. Do you belong to Scheduled Caste :
(SC) or Scheduled Tribe (ST) or Other Backward Class (OBC) or Physically Handicapped (PH) category? If yes, write clearly and enclose a copy of certificate issued by competent authority (Encl. No.).
10. Permanent Address :
.....
11. Address for correspondence :
..... PIN CODE.....
12. Contact Details : Phone No :
E-mail :
..... PIN CODE.....

EDUCATIONAL QUALIFICATIONS (From Matriculation onwards):

Exam. Passed	Board/ University	Year of Passing	Class/Divn/ Merit	Marks		% of marks	Subjects offered and passed	Encl No.
				Obtained	Out of			
Matriculation (10 th)								
Higher Secondary/ Intermediate (10+2)								
Bachelor's degree (Give name)								
Master's Degree (Give name)								
M.Phil.								
Ph.D.								
NET/SLET *								
Any other Degree/ Diploma (Give name)								
Technical Qualifications								

* Wherever applicable.

DETAILS OF EXPERIENCE

Designation	Scale of Pay & Salary drawn	Name of the University/Institution	Period of service			Encl. No.
			From	To	No. of years	

Total period of teaching experience:

- i) Undergraduate (U.G) classes B.A., B.Sc., etc years months
- ii) Post-graduate (P.G) classes M.A., M.Sc., M.Phil. etc years months

POST-DOCTORAL RESEARCH EXPERIENCE: (After obtaining Ph.D. degree)

Position held	Emoluments (per month)	Name of the University/Institution	Period of work			Encl. No
			From	To	No. of years	

Total period of post-doctoral research experienceyearsmonths

RESEARCH GUIDANCE:

Sl.No.	Course	Number of Candidates		Encl. No
		Awarded	Under-supervision	
01	M.Phil.			
02.	Ph.D.			

PUBLICATIONS (Give a list separately) Encl. No.-.....

Sl.No.	Publications	Published	Accepted/In Print	Communicated	Encl. No
01	Books				
02.	Research Publications				
03.	Other Publications				

RESEARCH PROJECTS CARRIED OUT :

Title of the Project	Name of the Funding Agency	Duration		Encl. No
		From	To	

SEMINARS, CONFERENCES, REFRESHER COURSES ETC. ATTENDED:

Name of the Seminar/Symposia/Conference, etc.	Name of the Organizer	Duration		Nature of Participation	Encl. No
		From	To		

Attach extra sheet, if necessary (Encl.No)

DETAILS OF VISIT ABROAD:

Countries visited	Purpose of visit	Duration			Period	Encl. No
		From	To	Total		

LANGUAGES KNOWN:

- i) Spoken
- ii) Written

MEMBERSHIP OF PROFESSIONAL BODIES, SOCIETIES, ETC:**ACADEMIC DISTINCTIONS (A WARDS/HONOURS, ETC):****PARTICIPATION IN EXTENSION WORK/COMMUNITY SERVICES:**

(Give a short account of your contribution to community work, National Literary Mission etc)

PARTICIPATION IN CORPORATE LIFE:

(Give a short account of your contribution to the College /University/ Institution where you serve or serving at present in the matter of co-curricular activities, enrichment of campus life, student Welfare, committee work, etc.)

PRESENT POSITION WITH CONSOLIDATED PAY,,:

Position.....

Pay Rs.p.m

State whether you have been at any time (a) dismissed, removed or debarred from Service or (b) convicted by a Criminal Court. (Please tick **YES/NO**)

State clearly how you satisfy the requirements of the advertisement in respect of qualifications and experience prescribed for the post.

I HEREBY DECLARE THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Place.....

Date

Signature of the Applicant

(The endorsement below is to be signed and forwarded by the Head of the Department).

ENDORSED & FORWARDED BY THE CONCERNED HOD

Ref. No.....

Date.....

FORWARDED

The applicant(name)
is a Contract Faculty in the
Department of.....a temporary capacity since.....(date).

Signature
of the HoD
(with office seal)