

# APPLICATION FOR THE POST OF ASSISTANT PROFESSOR / LIBRARIAN

For office use	Application Sl. No.: _____
	Subject: <input style="width: 150px; height: 20px;" type="text"/>
	Category: <input style="width: 150px; height: 20px;" type="text"/>

Please paste  
your recent  
PP size  
photograph  
here.

(Photo above the line)

<b>1. Name of the College</b>			
<b>2. Post for which application submitted</b>			
<b>3. State the category [UR/OBC/MOBC/SC/ST(P)/ST(H)] (Attach, if any, self-attested photocopy of your certificate for the Reserved Category)</b>			
<b>4. Name of Candidate in CAPITAL Letters</b>			
<b>5. Name in CAPITAL Letters of Father <input type="checkbox"/> / Mother <input type="checkbox"/> / Husband <input type="checkbox"/> (any one)</b>			
<b>6. Address of the Candidate (Write your complete address)</b>			
<b>(a) Permanent Home Address: -</b>			
Police Station :			
Post Office :		<b>PIN:</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
District :		<b>State:</b>	
<b>(b) Present Address for correspondence :</b>			
Police Station :			
Post Office :		<b>PIN:</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
District :		<b>State:</b>	
<b>7. Phone / Mobile Number (active number) :</b>			
<b>8. Email ID (active account) :</b>			
<b>9. Age as on 1<sup>st</sup> of January 2017 :</b> <input style="width: 40px;" type="text"/> years <input style="width: 40px;" type="text"/> months <input style="width: 40px;" type="text"/> days (Attach self-attested photocopy of Admit Card / Pass Certificate of HSLC or equivalent Examination)			
<b>10. Whether you are applying through proper channel with a Non Objection Certificate (NOC) from the Competent Authority / Employer. (YES / NO) (If YES, attach NOC)</b>			
<b>11. Education Qualification [Please fill in the Annexure A (Page 2 of 2) of this application and attach it]</b>			
<b>12. Teaching Experience in terms of number of years (attach a certificate to this effect)</b>			
<b>13. Are you Indian national, if so how? :</b>			
<b>14. Sex (Male/ Female) :</b>			
<b>15. Are you conversant with Local Language? :</b>			
<b>16. Details of Application Fee Paid : Rs.</b>			
<b>DD No. :</b>		<b>Date :</b>	
<b>Drawee Bank :</b>			

**Signature (in full) of the Candidate :** \_\_\_\_\_

**Annexure – A**  
**Details of Educational Qualifications**

Attach this annexure at the top of the testimonials just below the Application Form along with *self-attested photocopies*, give a Serial No. on the copies and indicate the Serial No. in the last column.

Sl. No.	Particulars (Tick appropriate box and strike out which is not required)	Name of Board/ Council/ University	Year of Passing	Division Secured	Percentage of marks obtained	Sl. No. of the documents in the bunch of documents submitted by you
1.	H.S.L.C. <input type="checkbox"/> / _____ <input type="checkbox"/>					
2.	H.S.S.L.C. <input type="checkbox"/> / H.S. Final <input type="checkbox"/> / _____ <input type="checkbox"/>					
3.	B.A. (Hon's) <input type="checkbox"/> / B.Sc. (Hon's) <input type="checkbox"/> / B.Com. (Hon's) <input type="checkbox"/> / B.A. (Pass) <input type="checkbox"/> / B.Sc. (Pass) <input type="checkbox"/> / B.Com. (Pass) <input type="checkbox"/>					
4.	M.A. <input type="checkbox"/> / M.Sc. <input type="checkbox"/> / M.Com. <input type="checkbox"/> / M.L.I.S. <input type="checkbox"/> / _____ <input type="checkbox"/>					
5.	M.Phil. <input type="checkbox"/>					
6.	Ph.D. <input type="checkbox"/>					
7.	NET <input type="checkbox"/> / SET <input type="checkbox"/> / SLET <input type="checkbox"/>					
<b>8. Other Qualifications</b>						
<b>9. Details of Chapters / Publications with ISSN and ISBN Nos.:</b> <i>(attach additional sheet/s if necessary to provide complete information)</i>						
<b>10. Teaching Experience <input type="checkbox"/> / Experience as Librarian <input type="checkbox"/>: <i>(attach a certificate to this effect)</i></b>						
Sl. No.	Name of the University / College / Institution	Specify Period		Total period		
		From	To			

I, \_\_\_\_\_ do hereby declare that all the statements made in the application (*including Annexure-A*) are true and complete to the best of my knowledge and belief. In case any information is found to be incorrect, my candidature shall liable to be rejected.

**Signature (in full) of the Candidate :** \_\_\_\_\_