



BHATTADEV UNIVERSITY :BAJALI: PATHSALA-781325:ASSAM

APPLICATION FORM FOR TEACHING POSTS

(Direct Recruitment)

NB: Incomplete applications, applications without the application fees or without the signature are likely to be rejected.

a. ADVERTISEMENT NO. & DATE:.....Post No.:.....

b. NAME OF THE POST APPLIED FOR:.....

c. FIELD OF SPECIALISATION:.....

d. DEPARTMENT:.....

e. CATEGORY APPLIED FOR (PLEASE TICK):

UR	SC	ST	OBC	PWD	EWS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Submit attested copy of certificate except for UR)

f. Details of fee paid and enclosed Demand Draft:.....

Amount : Rs.....Date:.....Bank:.....Branch:.....

- Name in full (BLOCK LETTERS):.....
- Father/Spouse Name:.....
- Permanent Address:.....
.....
.....
PIN:.....Contact No.....
- Address for communication:.....
.....
.....
PIN:.....Contact No.....
- E-mail:.....
- Date of birth in Christian era:.....
- Age on the date of application (*that is*:.....):.....
- Nationality:.....9. Religion:.....10. Sex:.....

11. Category (SC/ST/OBC/PWD/EWS)(*please attach certificate*):.....

12. Details of Academic Qualifications (*to be supported by attested photocopies of relevant documents*):

Examinations Passed	Year of Passing	Division/Class	Percentage(%) of Marks/Grade	Name of the Board/Univ.	Remarks, if any
Matriculation/ HSLC					
PU/ HSSLC					
BA/BSc/ BCom & equivalent					
MA/ MSc/ MCom or equivalent					
M Phil					
PhD					
Others(please specify)					

13. Particulars of NET/SLET/GATE etc. (Please enclose photocopies of documents, as appropriate):

Name of the Test	Name of the organization	Month and year	Roll No.	Subject	Score, where applicable

14. Details of past services (*please enclose supporting documents*):

Name of the Post held	Name of the Institution	Length of services	Scale of pay /Pay band/ band pay/ AGP/GP as applicable	Temporary/ Permanent/ Ad-hoc etc.	Nature of duties	Remarks, if any

15. Participation and contribution in relevant areas in higher education

Particulars	Organization	Area of specialization
Visiting Professor/Faculty		
Resource Person		
Others (please specify)		

16. Publications : Books/ Book Chapters, Journal Articles (A list of scholarly publications in recognized professional and / or academic journals):

Total Publications :(entire career).....(in the last 5 years)

Lists of other publications may also be attached.

17. Participation and scholarly presentations in conferences/ seminars/symposia (Numbers):

(i) National: **(ii) International:**

Detailed list may be attached.

18. Details of conferences/seminars/symposia/workshop/training courses organized as convener/ organizing secretary/chairperson etc.

Sl. No.	Title of the event	Duration (from & to)	Venue	Total participants	Approximate expenditure	Funding agencies

19. Research Projects (as Principal Investigator or Co-Principal Investigator)

Sl. No.	Title of the project	Nature of project	Funding agency	Project Duration (from & to)	Total grant (Rupees)

20. Honours /Awards & Fellowships won for outstanding work:

Sl. No.	Name of Award/ Fellowship etc.	Elected/ Honorary Fellow	Awarded by	Year of Award

21. No. of Research Scholars successfully guided (towards doctoral degree):

(Only list of PhDs awarded, 'under progress' not to be included.)

Sl. No.	Title of Research	Date of Award

22. Present Position held with Date:

- 23. Present Pay Band, Band Pay and AGP/GP:
- 24. Effect date of present Pay Band, Band Pay and AGP/GP:
- 25. Name of the Employer, with Address:
- 26. Names of two referees not related to the applicant:

Name:	Name:
Dept./ Designation:	Dept./ Designation:
Address:	Address:
 PIN:	 PIN:
Contact No.:	Contact No.:
Email id:	Email id:
- 27. Any additional information that the candidate may wish to provide (*use additional sheets, if necessary*):

28. Declaration:

I hereby declare that I have carefully read and understood the instructions and regulations referred here in and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

	Signature of the applicant:
Date:.....	Name in full:.....
Place:.....	Designation/Department:.....
	Address:.....

LIST OF ENCLOSURES (*certificates and other necessary documents*):

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Signature of the applicant:.....

Date: