**­­­­**

**UNIVERSITY OF ALLAHABAD**

**(Established by Act (2005) of Parliament)**

**Application Form for Guest Faculty**

**(PLEASE FILL THE FORM IN CAPITAL LETTERS USING COMPUTER ONLY)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post applied for :  Department/Centre/Institute : | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(For office use only)**  Registration  Number  No. of Enclosures Claimed \_\_\_\_\_\_\_\_  Attached\_\_\_\_\_\_\_\_  (Signature) | | | | | | | | University of Allahabad  Website: www.allduniv.ac.in  Advertisement No. **UoA-GF 01/2017** | | | | | | | | Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form | | | | | | | | | |
| 1 | Name  (In Capital Letters) | | | First Name | | | | | | | | Middle Name | | | | | Surname | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | | | | |
| 2 | Date of birth | | | Day | | Month | | | Year | | | Age as on last date of advertisement | | | | | Years | | | | Months | | | | |
|  | |  | | |  | | |  | | | |  | | | | |
| 3 | Community/ Category  (Please strike out whichever options are not applicable) | | | | SC/ST/SEBC/Other categories give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  S. No. of proof enclosed \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| 4 | Marital status | | | | a. Married / Unmarried/ Divorced / Name of spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| 5 | If Persons with Disability(PwD), indicate the relevant particulars | | | | | | | | | | Yes/ No | | | Percentage of disability | | | | | | S. No. of proof of enclosure | | | | | |
| a. Blindness or low vision: | | | | | | | | | | |  | | |  | | | | | |  | | | | | |
| b. Hearing impairment | | | | | | | | | | |  | | |  | | | | | |  | | | | | |
| c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped) | | | | | | | | | | |  | | |  | | | | | |  | | | | | |
| 6. Address for correspondence  (a) Mailing address (b) Permanent address  (c) E-mail (d) Mobile/Telephone  7. Educational qualifications (Attach additional pages, if required) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name of course | Name of the Board/ University | | | | Year passed | | | Division | | CGPA  (if grading is applicable) | | | % of Marks (pl. indicate equivalent to CGPA also) | | | Subjects studied | | | | S. No. of proof of enclosure | |
| (a) | (b) | | | | (c) | | | (d) | | (e) | | | (f) | | | (g) | | | | (h) | |
| 10th Class / equivalent | |  |  | | | |  | | |  | |  | | |  | | |  | | | |  | |
| 10+2/Higher Secondary equivalent | |  |  | | | |  | | |  | |  | | |  | | |  | | | |  | |
| Bachelor's degree | |  |  | | | |  | | |  | |  | | |  | | |  | | | |  | |
| Master's degree | |  |  | | | |  | | |  | |  | | |  | | |  | | | |  | |
| M. Phil. | |  |  | | | |  | | | Title: | | | | | | | | | | | |  | |
| Ph. D./D.Phil. | |  |  | | | |  | | | Title: | | | | | | | | | | | |  | |
| NET/ SLET/SET for lectureship, if any | | | Subject | | | | | | | | | | Roll No. | | | | | | Year | | | |  | |
|  | | | | | | | | | |  | | | | | |  | | | |  | |
| Any other exams passed | | |  | | | | | | | | | |  | | | | | |  | | | |  | |
|  | | |  | | | | | | | | | |  | | | | | |  | | | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8. Chronological list of experience (starting from current position/ employment) | | | | | | | |
| Designation | Scale of pay & present Basic & AGP | Name & address of employers | Period of Experience | | | Nature of work/ duties | S. No. of proof of enclosure |
| From date | To date | No. of years/ months (As on date of advertisement) |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* (Add separate sheet if required, to be annexed at relevant S. No.)

|  |  |  |  |
| --- | --- | --- | --- |
| 9. Nature of experience | | | S. No. of proof of enclosure |
| a) Teaching | No. of years | No. of months |
| i) Under-graduate level |  |  |  |
| ii) Post-graduate level |  |  |  |
| b) Post-doctoral experience |  |  |  |
| c) Other experience, if any |  |  |  |
| Total experience |  |  |  |

\* (Add separate sheet if required, to be annexed at relevant S. No.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10. Details of Post doctoral experience | | | | | S. No. of proof of enclosure |
| Agency | Host Institution | From | To | Duration |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total experience years Months Total | | | | | |

\* (Add separate sheet if required, to be annexed at relevant S. No.)

|  |  |  |
| --- | --- | --- |
| 11. Academic distinctions and Awards | | S. No. of proof of enclosure |
| Name of the Academic Course/ Body | Academic distinction obtained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* (Add separate sheet if required, to be annexed at relevant S. No.)

|  |  |  |  |
| --- | --- | --- | --- |
| 12. Names and complete postal addresses of 3 referees (The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant) | | | |
|  | Referee-1 | Referee-2 | Referee-3 |
| Names & complete postal address |  |  |  |
| Email: |  |  |  |
| Phone (Landline) with STD code |  |  |  |
| Mobile Ph: |  |  |  |
| Fax: |  |  |  |

|  |
| --- |
| List of self attested testimonials attached (original to be produced at the time of interview) |

**13. RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS**

(Please refer to excel sheet ‘score sheet for assistant professors’ for filling the Score)

(A) Published Papers in Journals

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Title with Page nos. | Journal  With UGC approved serial no. | ISSN/ ISBN No. | Impact factor | Whether Peer reviewed. Impact factor, if any | No. of co-authors | Whether you are the first or corresponding author | Score\* | S. No. of proof of enclosure |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

\*Please refer to excel sheet for filling the Score

(B) Articles/ Chapters published in Books

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Title with Page nos. | Book Title, editor & publisher | ISSN/ ISBN No. | Whether Peer reviewed. | No. of co-authors | Whether you are the first or corresponding author | Score\* | S. No. of proof of enclosure |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\*Please refer to excel sheet for filling the Score

(C) Full papers in Conference Proceedings

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Title with Page nos. | Details of Conference Publication | ISSN/ ISBN No. | No. of co-authors | Whether you are the main author | Score\* | S. No. of proof of enclosure |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*Please refer to excel sheet for filling the Score

(D) Books Published as author or as editor

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Title with Page nos. | Type of Book & Authorship | Publisher & ISSN/ ISBN No. | Whether Peer reviewed. | No. of co-authors | Whether you are the main author | Score\* | S. No. of proof of enclosure |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\*Please refer to excel sheet ‘score sheet for assistant professors’ for filling the Score

(E) Ongoing Projects/ Consultancies

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No. | Title | Agency | Period | Grant/ Amount Mobilized (Rs lakh) | Score\* | S. No. of proof of enclosure |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*Please refer to excel sheet for filling the Score

(F) Projects Outcome/Outputs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Title | Agency (International/National/State Govt./Local Bodies) | Period | Grant/ Amount Mobilized (Rs lakh) | Whether policy document/ patent as outcome | Score\* | S. No. of proof of enclosure |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*Please refer to excel sheet for filling the Score

(G) Paper presented in Conferences, Seminars, Workshops, Symposia *(mention only upto a maximum of Ten [10])*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No. | Title of the Paper Presented | Title of Conference / Seminar | Organized by | Type: International/ National/State/ Regional/College or University level | Score\* | S. No. of proof of enclosure |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*Please refer to excel sheet for filling the Score

Please tick the enclosures attached

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Cheek List | S. No. of enclosure | No. of sheets |
|  | Matriculation mark sheet/ certificate |  |  |
|  | Intermediate mark sheet / certificate |  |  |
|  | B.A./ B.Sc./ B.Com (Final) mark sheet/ degree |  |  |
|  | M.A./ M.Sc./ M.Com (Final) mark sheet/ degree |  |  |
|  | L.L.B. (Final) mark sheet/ degree |  |  |
|  | L.L.M. mark sheet/ degree |  |  |
|  | M. Phil. Degree |  |  |
|  | Ph.D./ D. Phil. Degree |  |  |
|  | D.Litt., D.Sc., L.L.D. degree |  |  |
|  | NET, UGC-JRF, CSIR-JRF Award Certificate |  |  |
|  | Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc) |  |  |
|  | Experience certificates |  |  |
|  | Recommendation letter(s) |  |  |
|  | Award (s) |  |  |
|  | Fellowship(s) |  |  |
|  | Publication (s) |  |  |
|  |  |  |  |

Total number of sheets enclosed\_\_\_\_\_\_\_\_\_ (please give sequential number to each sheet and signature with date).

14. Have you been reprimanded ever Yes/No

Give detail if yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 15. Any other information/ qualification relevant to the post applied for: |

|  |
| --- |
| 16. Declaration |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/ daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature/ appointment may be cancelled by the University.  I have never been convicted or contemplated for any unlawful activity.  Signature of the Applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Name as signed (in BLOCK LETTER)  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Application not signed by the candidate is liable to be rejected |