

UNIVERSITY OF ALLAHABAD

(Established by Act (2005) of Parliament)

Application Form for Guest Faculty (Self Finance) B.A. LL.B.(Hons) Five Year **Integrated Course**

(PLEASE FILL THE FORM IN CAPITAL LETTERS)

Post a	ephed for : GUEST FACULTY
Depai	ement/Centre/Institute :
Regis	(For office use only) University of Allahabad Website: www.allduniv.ac.in ration Number Advertisement No. Paste your recent passport size photograph here
Attacl	Enclosure claimed UoA/GF-SF/01/2022 and sign across the photo so that part of signature should be on form (Signature)
i)	lal Information (Please fill the all information in capital letters using computer only) Name:
ii)	Father's Name:
iii)	Mother's Name:
iv)	Date of Birth (DD/MM/YYYY)
v)	Community/Category (Please strike out whichever option are not applicable) UR/SEBC/SC S. No. of proof enclosed
vi)	Marital status: a. Married/Unmarried/Divorced/Name of spouse
vii)	Corresponding Address:
a)	Line 1:
b)	Line 2
c)	City: d) District:
e)	PIN: f) State:
g)	E-Mail ID h) Mobile No.
viii)	Permanent address:
a)	Line 1:
b)	Line 2:
c)	City: d) District:
e)	State: f) PIN:
g)	Mobile No.

(A) Educational	Qualifications						
Qualification	Name of course	Name of the Board/Univers ity/Organizati on	Major Sub studie		Year of passing	% of Marks	S. No. of proof of enclosure
10th Class/equivalent	(a)	(b)	(c)		(d)	(e)	(f)
10+2							
Class/equivalent							
Bachelor's degree				The same			
Master's degree			1				
JRF/NET/SLET/SET							
M.Phil.							
Ph.D.							
Pd.F.							
(B) Research Pu	blications						
Published Resear	ch Papers in Jo	ournals (BEST	5 PUBLI	CATIO	ONS ONL	Y)	
						3.5	
		N	1 20			Mention whether pe	
S. No. Title of	Research Paper	Name of Jour Volume, Page N		ISSN	/ISBN No	reviewed/UC	GC S. No. of proof
		of Publica				approved/bo	
						UGC approv	ed
						reviewed	
		Manuface					
(C) Invited lectu	ires/Resource	Person/Paner	Presentat	tion in	Seminar	s/Conference	es/Full Paner in
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	iference Proce					os ana anso	published as ful
F		3		,	-,		
S. No. Role (In	nv. Lect/paper)	Programn Institut			Lev (Int'l/Nat		Date(s)
	·	(Title of P			(IIII I/14at	i/Ciliv.)	

Reference Details	Referee-1	Referee-2
Name:		
Designation:		
Address:		
Mobile No.:		
E-Mail ID:		
(E) Declaration:		
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	son/daughter of	hamalari da al-
hat all the statements and entries made	son/daughter ofde in this application are true, complete and correct	to the best of my knowledge and belief.
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