## **APPLICATION FORM FOR TEACHING CADRE**

Apı	olication No				recent passport size Colour photograph)
(То	be filed in by the office)				
i. ii. iii.	TE: The application form should be fille Self-attested copies of all Certificate form. Originals will have to be show Weightage of only those documents Application not supported with requestrations of Research Publications, the publication under reference were	es/Testimon vn at the tin s shall be c uired self- a title page(s)	nials should be ne of the interviounted whose s ttested copies of and contents p	attached with the ew if called. elf-attested copic of certificates / tes age(s) of each Jo	es are attached. stimonials /
1.	a) Post applied for	:			
	b) Name of School/Department	:			
	c) Domain	:			
2.	Category of the candidate (Gen/SC/S Sub category of candidate if any (PW (Attach a certificate)		ŕ	:	
3.	Advertisement No.	:			
4.	a) Name of the candidate (in block				
	b) Father's Name				
	c) Mother's Name	:			<del></del>
5.	Date of Birth (dd/mm/yyyy)	:			
6.	Age as on 10.04.2021	:	Year;	Month;	Day
	a) Present Postal Address	:			
	b) Permanent Address	:			
	c) Mobile No. Alternate Contact No.	:			
	d) E-mail Address	:			

(Affix your self-attested

e) Aadhar Card No.

(Photocopy should be enclosed)

7.	a)	Nationality of Candid	date	:
	b)	Male/Female/Trans-	gender	:
	c)	Marital Status (Marrid (If married, whether you than one living spouse)	ou have more	£
8.	If a	Present employmer any, with pay & grade hoc/ temporary/ probation/	(State whether on	:
	b)	Name of Employer		:
	c)	Current Salary		:
	d)	Date of next increme	ent	÷
	e)	Have you obtained p of your present emp submitting this applic	loyer for	:
	f)	Pay acceptable, if se	elected	:
	g)	Period required for jo	pining the post. if	selected :
10	). Re as blo a	spect of the applicant's good relation to the car	s training accom ndidate. Two refe oplicant having d	rofessionally competent, who are well acquainted with some plishment, capabilities and character but must not be in erences should be listed and at least one of them should be lone Post Graduate or Post-doctoral research, the Research
a)	Na	ame		
	0	ccupation/Position	:	
	Ad	ddress	:	
		·mail obile No.	:	
	IVI	oblie No.	•	<del></del>
b)	Ν	lame	:	
	0	ccupation/Position	:	
	Ad	ddress	:	
	E-	mail	:	
	M	obile No.	:	
	171			

11. Educational qualifications (Exact marks and % should be filled, no rounding should be there)	11.	Educational	qualifications (	(Exact marks	and % should	be filled, n	o rounding	should be there)	,
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Exam Passed	Subjects	University/ Board	Year of passing	Class of Division	% of Marks	Distinctions if any
Secondary						
Higher Secondary./ 10+2						
Graduation (B.A./ B.Sc. / B.Com/B Des. etc.)						
Post-Graduation (M.A/M.Sc. / M.Com /M.Des etc.)						
M.Phil.						
Ph.D. (Date of Registration / Date of Award)						
NET/SLET/etc. (Date of eligibility; Date of qualifying NET as per certificate /subject)						
Any other exam.						

12. Topic of Research in Ph.D. : \_\_\_\_\_ Date of Registration Date of Award of Degree : \_\_\_\_\_ 13. Field of Specialization, if any: 14. NET/SLET Category (Gen/OBC/SC/ST etc.): Date of qualifying Conducting authority 15. Total Experience (Academic & Industrial):

Name of employer/	Designation of the post held and its pay scale/gross salary per month	Duration of a	ppointment	Total Period
Institution		From (dd/mm/yyyy)	To (dd/mm/yyyy)	(YY_MM_DD)

Note: A	Attested cop	ies/Self Attes	ted copies of	certificates in sup	port of qualific	ations must be at	ttached with th	is application

Total Teaching Experience	:	_(YY)	_(MM)	_(DD)
Total Industry Experience	:	_(YY)	_(MM)	_(DD)
TOTAL EXPERIENCE		(YY)	(MM)	(DD)

		Research Supervisi	ion	
	Awarded	Submitted	In Progress	Remarks
Ph.D.				
M.Phil.				
	Completed	In Progress		
Research Projects				

Research Papers: \_\_\_\_\_\_\_; Books: \_\_\_\_\_\_; Patents: \_\_\_\_\_\_

16 (a)	Research Paper Pu	blished in International Journa	Is		
Sr. Io.	Author(s)	Year of publication	Title	Name of International Journal/ with ISSN No. approved by the UGC /AICTE	Vol. No. 8 Page No.
6 (b)	Chapter published				
r. O	Author(s)	Year of publication	Title	Name of International Publisher with ISBN No.	Vol. No. & Page No.
6 (c)	Patent awarded				
). D.	Author(s)	Year of Grant of Patent	Title	Name of Agency who awarded Patent	Vol. No. & Page No.
		blished in National Journal			
). D.	Author(s)	Year of publication	Title	Name of National Journal with ISSN No. Approved by UGC or AICTE	Vol. No. & Page No.
		in Book/Book published by Nat		1	
·. o.	Author(s)	Year of publication	Title	Name of National Publisher with ISBN No.	Vol. No. & Page No.

16 (f) Paper published in Conference Proceedings

14. Total No of Publications:

ir. Io.	Author(s)	Year of publication	Title	Name of Conference whose proceedings (National/ International with ISSN/ISBN No.)	Vol. No. & Page No.
16 (a	\ Paper published in	Nournal of public funded Univ	vorsities and Institutions	of National Importance such as ICSSR/ IIPA/II	T/NIT/NIET/NID
		prior to year 2019 irrespective			
ir. Io.	Author(s)	Year of publication	Title	Name of Journals of Public funded Institutions of National importance/IITs/NITs, NIFT, NIDs etc	Vol. No. & Page No.
		ars of Prize, Medal and Me		•	
	•		·		
	ii)		iv)		
	16 List of the cer	tificates (attested copies)	attached:		
		, , ,			
	,		•		
	xi) Total no.	or pages including applica	tion form		
	17. Additional info	ormation, if any			
<u>.</u>	Declaration:				
	l do hereby declai	re that all the statements m	ade in this application	are true, complete and correct to the be	est of
i	my knowledge. In	case any information being uitment will stand forfeited	g found false or incorr	ect my candidature shall stand cancelled Head Office/Department in writing that	d and
ı	Place:				
	_			(Signature of the Candidate)	
	Jale			(Signature of the Candidate)	

## **CERTIFICATE FROM THE EMPLOYER, IF ANY**

The application of Miss/ Mrs./ Mr./ D	r, who is at present working as
in the	(Dept./Organization) is recommended
and forwarded for consideration for t	the post ofto the
FDDI. In case, he/she is selected for emploposition.	syment in the FDDI, he/she will be relieved of his/her present
Place:	
Date:	(Signature of the Head of the Office/ organization)