

# UNIVERSITY OF ALLAHABAD

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

# Application Form for Research Staff for a ICSSR Funded Project

# (File No.: IMPRESS/P2355/455/2018-19/ICSSR)

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

|  |
| --- |
| Post applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **(For office use only)**Registration Number (Signature) | **Recent Photograph** |
| **Personal Information (Please fill the all information in capital letters using computer only)** |
| **i)** | Name: |  |
| **ii)** | Father’s Name: |  |
| **iii)** | Mother’s Name: |  |
| **iv)** | Date of Birth (DD/MM/YYYY) |  |
| **v)** | **Corresponding Address:** |
| ***a)*** | Line1: |  |
| ***b)*** | Line 2: |  |
| ***c)*** | City: |  | ***d)*** | District: |  |
| ***e)*** | PIN: |  | ***f)*** | State : |  |
| ***g)*** | E. Mail ID |  | h) | Mobile No. |  |
| **vi)** | **Permanent address:** |
| ***a)*** | Line1: |  |
| ***b)*** | Line 2: |  |
| ***c)*** | City: |  | ***d)*** | District: |  |
| ***e)*** | PIN: |  | ***f)*** | State : |  |

|  |
| --- |
| **(A) Educational qualifications** |
| **Qualification** | **Name of course** | **Name of the Board/ University/ Organization** | **Major Subjects studied** | **Year of passing** | **% of Marks** |
| **(a)** | **(b)** | **(c)** | **(d)** | **(e)** |
| **10th Class / equivalent** |  |  |  |  |  |
| **10+2 Class/ equivalent** |  |  |  |  |  |
| **Bachelor's degree** |  |  |  |  |  |
| **Master's degree** |  |  |  |  |  |
| **Ph. D** |  |  |  |  |  |

|  |
| --- |
| **(B) Research experience (Last 05 years only)** |
| **Designation** | **PDF/ Research Project** | **Name of Department & University/ Organization** | **Period of Experience** | **Salary** |
| **From date** | **To date** | **No. of years** |
| **(a)** | **(b)** | **(c)** | **(d)** | **(e)** | **(f)** | **(g)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **(C) 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 the Selection Committee members, my candidature/ appointment may be cancelled by the University.Digital Signature of the Applicant \*Name as signed (in BLOCK LETTER)  |