

Shri Shankaracharya Professional University, Bhilai, CG

Phone No. 0788-04088810, Website: www.shrishankaracharyauniversity.com

 $Email-\underline{hr@shrishankaracharyauniversity.com}$

Advertisement No. / Date: Post applied for: Subject: Applied under Faculty: Field of Specialization (if any):

GENERAL INFORMATION AND ACADEMIC BACKGROUND

1	Name (in English block letter)	:	
2	Name (in Hindi)	:	
3	Father's / Husband's Name	:	
4	Mother's Name	:	
5	Date of Birth	:	
6	Place of Birth	:	
7	Religion	:	
8	Category	:	
9	State of Domicile	:	
10	Whether Physically Handicapped? (if yes, state whether VH/HH/OH)	:	
11	Gender	:	
12	Marital Status	:	
13	Nationality	:	
	Contact Details		
	(a) Address for Correspondence		(b)Permanent Address
14			
	(c) Mobile No.:		(d) Email:

Signature of the Candidate

15. Academic Qualification (Commencing with the intermediate / Senior Secondary Certificate Examination) (Attach self-attested copies)

Examination / Degree	University / Board	Subject	Year of Passing	Marks Obtained	Total Marks	% of marks	Division / Grade	Remarks if any

16. Research Degree (Attach self-attested copies of Degree / Notification)

Degree	Subject	University	Notification No. with Date	Title of the Thesis

17. Employment Experience (Give particulars in descending order starting with the Current Position)

Statute of the Institute / University* Designat	Designation	Nature of Job	Pay Scale	Date of approval from the concerned University, if any	Period	Division / Grade	Reason for leaving
	Designation				From	То	
	the Institute /	the Institute / Designation	the Institute / Designation Nature of Job	the Institute / Designation Nature of Job Scale	Statute of the Institute / Designation University* Statute of the Institute Designation University* Nature of Job Scale approval from the concerned University,	Statute of the Institute / Designation University* Statute of the Institute	Statute of the Institute / Designation University* Statute of the Institute / University* Nature of Job Scale Pay From To Pay From To Pay Period Period Period Period Pay From To Pay Period Period

^{*}Govt. / Quasi Govt. / Autonomous / Private (Enclose self – attested relevant documents in sequence)

18. Post – Doctoral Experience (Details in descending order)

Employer	Statute of the Institute / Designation University*	Nature of	Pay	Date of approval from the	Period	Division / Grade	Reason for	
Employer		Designation	Job Job	Scale	concerned University, if any	From	То	leaving
*Cout / Ouagi Cou		(D :	(F. 1	16	1 1 1			

^{*}Govt. / Quasi Govt. / Autonomous / Private (Enclose self – attested relevant documents in sequence)

19. Break-up of Work Experience (to be filled on the basis of S. No. 17 & 18)

S. No.	Nature of Experience	Year	Month	Days
1	PG level Teaching Experience			
2	UG level Teaching Experience			
3	Post-Doctoral Research Experience			
4	Post-Doctoral Professional Experience			
5	Other Work Experience			

20.	(a) No of PhD supervised: (b) No. of PhD supervising:
21.	Have you qualified NET/CGSET (if yes, give subject and year of qualification:
22.	API Score (As per UGC-Regulation 2010 – form Pharmacy):
23.	Research Score (As per UGC-Regulation 2018 – for other subjects)
22.	Any other relevant information, not given above:

Signature	of the	Candidate	

23. List of Enclosures:

6.	11.
7.	12.
Q	13.
	13.
9.	14
10.	15.
	7. 3. 9.

Note: All particulars should be supported by relevant documents.

22. Declaration by the candidate:

I hereby declare that:

I have read the detailed employment Notice and I shall abide by all the Terms and Conditions of the advertisement. The entire information given in this application form are true to the best of my knowledge and belief. If at any time, I am found to have declared any material / information's or given any false details, my appointment shall be liable to be summarily exterminated without notice or compensation.

Date:	
Place:	Signature & Name of the Candidate