

Post applied for	
Category: Gen/SC/ST/OBC	

Tel. No. 0542-2455382 Website: www.vkmpg.org.in

EDUCATION



AS SERVICE

VASANT KANYA MAHAVIDYALAYA
Kamachha, Varanasi - 221 010

(Admitted to the privileges of Banaras Hindu University)

Institution Accredited 'A' by NAAC

APPLICATION FORM FOR TEACHING POST

Particulars of fee Remitted:
Amount..... Bank Draft No. Date Issuing Bank.....

- 1 Full Name (in Block Letters)
- 2 Father's/Husband's Name Passport size
Photograph
- 3 Date & Place of Birth
- 4 Sex: Male/Female
- 5 Marital Status: Married/Unmarried
- 6 Nationality
- 7 Category – SC ST OBC General
If person with disabilities/ VH HH OH
Please tick in the appropriate category.
- 8 a) Address for Correspondence
-
- Tel No..... Mob No.email.....
- b) Permanent Address
-
- Tel No..... Mob No.email.....

16 Research Publications (Books, Chapter in books, Other than refereed journal articles):

Book Details			Detail of Text or reference Books, Subject Books and chapters in book			Authorship	Self Assessment Score of API
Level of Publication	Type of Publication	Whether having ISBN No.	Name & Address of Publisher	Title of Book	Title of Chapter (if applicable)		

17 Research Projects:

Type	Status	Nature of Project	Title of Project	Capacity	Name of Funding Agency	Value of Project (in Lakh Rs.)	Duration of Project (in month)	Self Assessment Score of API

18 Research Projects Output/Outcome:

Type	Detail of Output	Name of Agency	Capacity	Status	Validity from	Validity to	Value Earned (Rs. in Lakh)	Self Assessment Score of API

19 Research Guidance:

Type of Degree	Name of Degree	Capacity of Guidance	Status	Number	Self Assessment Score of API

20 Training Courses and Conference/Seminar/Workshop:

Type	Duration (in weeks)	Self Assessment Score of API	Details of Training Courses

21 Participation in Conference/Seminar/Symposia/Workshop:

Type of Participation	Status	Title of Paper	Date	Self Assessment Score of API	Whether Published in form of Proceeding of the Conference

22 Conference/Workshop/Training Programme/Refresher/Orientation Programme organized:

Name of the Event	Category	Date	Venue	Sponsoring Agency	Role as Organiser

23 Whether Editor or Member of Editorial Board of refereed Journal Yes/No

24 Whether any Administrative work carried out Yes/No

25 Statement about work done (teaching and/or other professional activities related to the discipline) so far and significance of the professional contribution:

26 Brief statement on your philosophy about teaching:

27 Statement about proposed Research/Professional activity and brief outline of proposal. If selected, how you would like to develop your department and your area of interest:

- 28 (a) Has there been any break in your academic career? If so, give details.
- (b) Have you been punished during your studies at college/University? If so, give details
- (c) Have you been punished during your services or convicted by a court of law? If so, give details.
- (d) Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? If yes, give details in a separate sheet.
- (e) Do you have any case pending against you in any court of law? If yes, give details
- 29 Give names, designations and addresses (Phone/Fax No./e-mail, if any, of three references not related to you. References should be of persons with or under whom you have worked or who have intimate knowledge of your work.

Name of Refree	Designation	Office Address	Email	Telephone No.	Professional Relationship

30 List of Enclosures (Please tick in the box)

- (a) Bank Draft & Photograph
- (b) Copies of Marksheets & Certificates of educational qualifications & certificate of clearing NET/JRF etc.
- (c) Copies of certificates of experience
- (d) List of publications with details, reprints of papers and acceptance letters (in case of accepted papers)
- (e) Copies of other relevant certificates & documents

31 Declaration to be signed by the candidate

I hereby declare that the entries in this form are correct and true to the best of my knowledge and belief. If at any time, I am found to have concealed/suppressed any material/information or given any false details, my appointment shall be liable to be summarily terminated without notice or compensation.

Place

Signature of Applicant

Dated

Name

32 Forwarded with the remarks that the institution/organization has no objection to the candidature of the applicant being considered for the post applied for, as above.

Place

Signature

Dated

(Head of the Institution/Organization

Telephone

Designation

Fax

Address

e-mail

Remarks: Candidate already employed should submit application through his/her employer.

