

MAHATMA GANDHI CENTRAL UNIVERSITY, BIHAR

(Established by an Act of Parliament)

Application Form for Assistant Professor

Pos	t applied for	:				
Nan	ne of the Department	:				
Nan	ne of the School	:				
		(For office use only)				
_	ot Eligible, reason thered	(Yes/No) of:			passpu photograp sign acros so that signature	ur recent ort size th here and s the photo part of should be form
	Nama	First Name	Mic	ddle Name	Surna	me
1	Name (In Capital Letters)					
2	Data of Distle	Day Month Year		s on last date vertisement	Years	Months
2	Date of Birth		oi au	verusement		
3	Place of Birth	City/Village		State	Coun	try
3	Flace of Birtii					
4	Mother's Name					
5	Father's Name					
6	Address	Correspondence			Permanent	
		C/o		C/o		
		City:		City:		
		District:		District:		
		State:		State:		
		Pin Code:		Pin Code:		
		Mobile:		Mobile:		
		Email:		Email:		
7	Nationality					
8	Sex	Male/ Female/Transgender:				

9	Community/ Category (Please strike out whichever options are not applicable)	SC/ST/OBC/Other categori	-		-			
10	Marital status		rried, name of spouse					
11	If differently abled, indicate tl	he relevant particulars	Yes/No	Percentage of Disability	Sl. No. of proof of enclosure			
	a. Blindness or low vision:							
	b. Hearing impairment:							
	c. Locomotor disability or cerebra Orthopedically handicapped)	al palsy (includes all cases of						

	Name of course	Name of the Board / University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicate equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	Ø	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary/ equivalent			V					
Bachelor's degree								
Master's degree								
M. Phil.				Title:				
Ph.D. / D.Phil.	Date of Award:			Title:				
JRF/NET/SLET/SET for lectureship, if any		:	Subject			Roll No.	Year	Sl. No. of Proof of enclosure
Any other exams passed								

13. Chronological list of Experience (starting from current position/employment)											
			P	eriod of Exp	erience						
Designation	Scale of pay & present Basic & AGP	Name & address of employer	From	То	No. of Years/ Months (As on date of advertisement)	Nature of work/ duties	Sl. No. of proof of enclosure				
(a)	(b)	(c)	(d)	(e)	Ŋ	(g)	(h)				
*											

^{* (}Add separate sheet if required, to be annexed at relevant Sl. No.)

14	. Nature of Experience			
		No. of Years	No. of Months	Sl. No. of proof of enclosure
a)	Teaching			
	i) Under-Graduate level			
	ii) Post-Graduate level			
b)	Post-Doctoral experience			
c)	Other experience, if any			
	Total Experience			

^{* (}Add separate sheet if required, to be annexed at relevant Sl. No.)

15. Details of Post-Doctoral Experience										
Agency	Host Institution	From	То	Duration	Sl. No. of proof of enclosure					
Total experience:	Total experience:YearsMonths									

^{* (}Add separate sheet if required, to be annexed at relevant Sl. No.)

16. Academic Distinctions		
Name of the Academic Course/ Body	Academic distinction obtained	Sl. No. of proof of enclosure

^{* (}Add separate sheet if required, to be annexed at relevant Sl. No.)

				Refere	e - 1	Refere	e - 2	Referee - 3	
Name a	<u>&</u>								
Compl	ete postal addı	ress:							
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Email:									
	(Landline) wit	th STD cod	ρ.						
Mobile	-	III JI D COU							
Fax:									
18.	CATEGORY:	RESEARCI	H, PUBLIC	ATIONS A	ND ACADEMIC	CONTRIBUT	TIONS		
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								1	

(The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant)

17. Names and complete postal addresses of 3 Referees

Sl. No.	Title with Page Nos.	Book Title, editor & publisher	ISBN No.	Whether Peer reviewed	No. of co- authors	Whether you are the first or corresponding author	Sl. No. of proof of enclosure

(B) Publications other than Journal articles (books, chapters in books etc.)

(i) Text/Reference Books published by International Publishers, with ISBN number

(B)	(ii)	Subject	Books	published	by	National	level	publishers,	with	ISBN/ISSN	number	or	State/Cer	ıtral
Gov	ernr	nent Puh	lication	S										

Sl. No.	Title with Page Nos.	Details of Conference Publication	ISBN No. No. of co-authors		Whether you are the first author	Sl. No. of proof of enclosure

(B) (iii) Subject Books published by other local publishers, with ISBN number

Sl. No.	Title with Page Nos.	Type of Book & Authorship	Publisher & ISBN No.	Whether Peer reviewed	No. of co- authors	Whether you are the first author	Sl. No. of proof of enclosure

(B) (iv) Chapters in Books, published by National and International level publishers, with ISBN number

Sl. No.	Title with Page Nos.	Type of Book & Authorship	Publisher & ISBN No.	Whether Peer reviewed	No. of co- authors	Whether you are the first author	Sl. No. of proof of enclosure

(C) Research Guidance:

Sl. No.	Number Enrolled	Thesis Submitted	Degree Awarded	Sl. No. of proof of enclosure
M.Phil. or equivalent				
Ph.D. or equivalent				

(D) Fellowships/Awards from Academic Bodies/Associations

Sl. No.	Name of the Award	Academic body/Association	Whether International/National/State/ University level	Sl. No. of proof of enclosure

(E) Invited Lectures/Papers

Sl. No.	Title of Lecture/ Academic Session	Title of Conference/ Seminar etc.	Organized by	Whether International/National/State/ University level	Sl. No. of proof of enclosure

(F) Development of e-learning delivery process/m	aterial
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Sl. No.	Title of Moo	lule	Recognized by/Submitted at/Delive	Sl. No. o proof o enclosur				
9.	Whether Editor or Member of Editorial Board of any Referred Journal (please furnish details):							
).	Have you ever been punished during your studies at College/University? (Yes/No) :							
1.	Have you ever been punished during your service or convicted by a court of law? (Yes/No) :							
2.	Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :							
3.	Do you have any case per	nding against you i	in any court of law? (Yes/No) :					
4.	Experience of Administrative work, if any (please furnish details) :							
	Capacity	2/	Nature of work	Duration in years				
			▼					
5. A	Any other information/q	ualification relev	ant to the post applied for (Attach additional	ul sheet, if required):				
-								
-								
-								
- - - 6. I	Brief statement on your	philosophy about	t teaching (Attach additional sheet, if required):					
- - 6. I	Brief statement on your	philosophy about	t teaching (Attach additional sheet, if required) :					

27. Declaration	
I,	son/daughter of
	d entries made in this application are true, complete and correct to the bes
of my knowledge and belief. In the even	t of any information found false or incorrect or ineligibility being detected
before or after the Selection Committe cancelled by the University.	e and Executive Council Meetings, my candidature/appointment may be
I have never been convicted or contemple	ated for any unlawful activity.
	Signature of the Applican
	*Name as signed (in BLOCK LETTER)
Date:	
*Applicat	tion not signed by the candidate is liable to be rejected
28. Endorsement by the EMPLO	YER (for In-Service Applicants)
	Government/Semi-Government organizations/Public Sector Undertakings, dorsement form must be signed by the employer.
b) In case of in-service candidates fr employer must be submitted at the	om Private Sector, acceptance of resignation and relieving letter from the time of joining.
Forwarded to the OSD (Administrat Champaran, Bihar (INDIA).	ion), Mahatma Gandhi Central University, Motihari, District – Eas
The applicant Dr/Mr./Mrs/Ms	who has submitted this application for the
post of	in the Mahatma Gandhi Central University, has been in employmen
	in a temporary/contract/permanen
capacity with effect from	in the Scale of Pay of Rs He/She is drawing a
basic pay of Rs.	His/Her next increment is due on
said applicant. There is no objection for	v/vigilance case has ever been held or contemplated or is pending against the or his/her application being considered by the Mahatma Gandhi Centra, he/she will be relieved to join Mahatma Gandhi Central University, as pe
	Signature of the forwarding office
	Name :
	Designation:
Place:	
Date:	

29. Please tick the enclosures attached:

Sl.	Check List	Sl. No. of enclosure	No. of Sheets
1.	Matric/Secondary/High School (10th Class) Marks Sheet		
2.	Matric/Secondary/High School (10th Class) Certificate		
3.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet		
4.	Sr. Secondary/Intermediate (12 th Class) High School Certificate		
5.	Bachelor's Degree Final Year Marks Sheet		
6.	Bachelors' Degree		
7.	Master's Degree Final Year Marks Sheet		
8.	Master's Degree		
9.	M.Phil. Degree Mark Sheet		
10.	M.Phil. Degree		
11.	Ph.D./D.Phil. Degree		
12.	D.Litt., D.Sc., L.L.D. Degree		
13.	JRF/NET/SET/SLET Certificate		
14.	Caste Certificate issued by the Competent Authority		
15.	Experience Certificate(s) from previous employer(s)		
16.	Endorsement from the present employer		
17.	Any other		

 $\textbf{Total number of sheets enclosed} \ _____ (\textit{please give sequential number to each sheet and signature with date}).$