



DR. BABASAHEB AMBEDKAR OPEN UNIVERSITY

(Established by Government of Gujarat)

“Jyotirmay Parisar”

Dr. Babasaheb Ambedkar Open University Marg,

Sarkhej - Gandhinagar Highway, Chharodi, Ahmedabad-382 481

Website: www.baou.edu.in

Advertisement Date:01/09/2018.

Application form

Name of the contractual post applied for: _____ Sub: _____

1. Name of applicant _____
(Surname) (Name) (Father's/Husband's Name)

Please affix your recent passport size colour Photograph & sign across

2. Address:-

(1) For correspondence:

(2) Permanent Address

PIN:- _____ Ph: _____

PIN:- _____ Ph: _____

3. Mobile Number: _____

4. E-mail: _____ Aadhar No: _____

5. Mother tongue: _____ 6. Nationality: _____

7. Date of Birth: _____ Age as on Dt.: Year _____ Month _____

8. Category:- (Attach latest recognized certificate for the reserved candidates)

SC [] ST [] SEBC [] D.A.(Physical Handicapped) [] General []

9. Proficiency in language:

	Language	Writing	Reading	Speaking
(1)	Gujarati	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

10. Educational Qualifications: (from S.S.C.)

Examination	Board / University	Year of Passing	Marks/Grade, Percentage	Main subject	Remarks
S.S.C.					
H.S.C.					
Graduation: Degree : _____ 1 st Year 2 nd Year 3 rd Year					
Post-Graduation Degree : _____ 1 st Year 2 nd Year					
M. Phil.					
Ph.D.					

11. Other educational achievements: (Award, Prize, Medal, etc.)

12. Proficiency in Computer (Give details)

13. Details of UGC/CSIR or similarly recognized / NET/ SLET exam, if passed.

Year of examination passed: _____ Regn. No. _____

14. Details of experience: (Kindly fill up the table)

Name of the Institution	Designation	Pay scale and basic pay as on application date, Grade Pay	Duration

16. Details of Publication and Research work:

S. No.	Title	Year of publication	Publisher	ISBN / ISSN No.	Author/Co author

(Please use separate sheet if needed)

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17. Details of Seminar / Workshop / Orientation / Refresher Course:

Sr. No.	Name of Institution	Programme	Duration	Whether paper submitted	Category State/National/ International

(Please use separate sheet if needed)

18. Please give name, address and contact number of two persons for reference.

(1) _____ (2) _____

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19. Details of attachments: (Attach self-attested Xerox copies)
- (1) Proof of Date of Birth.
 - (2) Latest Certificate of SC/ST/SEBC/Handicapped
Certificate No. _____ Date of Issue of Certificate _____
 - (3) Proofs of Educational qualifications
 - (4) Experience certificates – If your teaching experience is in a Self Finance Institution, please submit copy of approval of your appointment / profile of the concerned University.
 - (5) NET / SLET examination pass certificate
 - (6) Details of guidance to M.Phil./Ph.D. category students.
 - (7) M.Phil. / Ph.D., Thesis, Titles of Publications.
 - (8) Details of Seminars / Workshops / Orientation programme / Refresher Course.
 - (9) Others.
20. Other information.
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CERTIFICATE

I hereby declare that the information provided by me in the application form is true according to my knowledge and belief. I have not given any wrong or incomplete information. I know that in case of any false information found on my part after my appointment, my service is liable to be terminated without any notice.

I affirm that there is no criminal case/civil case or warrant or departmental proceedings pending against me in any court of law. If any departmental proceedings or civil or criminal case found against me I will be responsible for that, in that case, I know that, my service is liable to be terminated without any notice.

I have read the instructions given along with the application form and understood the same and I am abide by it.

Date _____

Place _____

(Signature of the applicant)