

Advertisement Date: 18/10/2022

(Note: Application forms must be filled up by one's own handwriting Filled up applications must be sent by Regd. A.D. or Speed Post only)

Name of the post applied for: **Assistant Professor - Commerce / Controller of Examination / Librarian /**

Please affix your recent passport size color Photograph & sign across

Online Registration Number _____, Processing fees Rs. _____,

Online Challan No.: _____ Bank Name: _____,

Challan Date : _____.

1. Name of applicant _____

(Prefix). (Name) (Father's/Husband's Name) (Surname)

2. Address:-

(1) For correspondence:

(2) Permanent Address

_____, _____
_____, _____
_____, _____
_____, _____

PIN:- _____ Ph.: _____, PIN:- _____ Ph.: _____

3. Mobile Number: _____, Aadhar No : _____

4. E-mail: _____

5. Mother tongue: _____ Nationality: _____

6. Date of Birth: ___/___/___ Age as on Last Date of online Application : Year ____ Month ____

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

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

8. Proficiency in language:

	<u>Language</u>	<u>Writing</u>	<u>Reading</u>	<u>Speaking</u>
(1)	<u>Gujarati</u>	_____	_____	_____
(2)	<u>Hindi</u>	_____	_____	_____
(3)	<u>English</u>	_____	_____	_____
(4)	_____	_____	_____	_____

9. 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.					
CCC / CCC +					
Others					

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

Year of Examination passed: _____ Reg. No. _____

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

12. Proficiency in Computer (Give details) _____



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

Sr. No.	Name of the Institution	Designation	Pay scale and basic pay as on application date, Grade Pay	From Date	To Date	Total Year, Month, Days

As on Last Date of Advertisement Dt. Total Experience Years _____ Months _____ Days _____
(Please use separate sheet if needed)



14. Experience Teaching / Administration as on Date.....:

- a. Graduation Level - Year _____ Month _____
- b. Post-graduation Level - Year _____ Month _____
- c. Research/Extension - Year _____ Month _____
- d. M.Phil./Ph.D. guidance - Year _____ Month _____

15. 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)

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

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

(Please use separate sheet if needed)

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

- (1) _____ (2) _____
- _____
- _____
- _____

18. Details of attachments: (Attach self-attested Xerox copies)

- (1) Printed copy of Online Application Submitted (Compulsory)
- (2) Processing Fees Original Challan Copy
- (3) Proof of Date of Birth. (Compulsory)
- (4) Latest Certificate of ST/Handicapped/
Certificate No. _____ Date of Issue of Certificate _____
- (5) Proofs of Educational qualifications
- (6) 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.
- (7) NET / SLET examination pass certificate
- (8) Details of guidance to M.Phil./Ph.D. category students.
- (9) M.Phil. / Ph.D., Thesis, Titles of Publications, as per UGC Regulations 2009 Certificate
- (10) Details of Seminars / Workshops / Orientation programme / Refresher Course.
- (11) For position of Associate Professor: Mandatory requirement API Score sheet as per latest UGC norms.
- (12) Others.

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)

(For use of Applicants in Employment)

Forwarded with the remarks that the above statements made by the applicant are correct to the best of my knowledge and belief, and this institution / organization has no objection to the candidature of the applicant being considered for the post applied for.

Date: _____

Place: _____

(Signature) _____

Head of the Institution

Designation _____

Address _____

Mobile No. : _____