

# Application Form For Contractual Faculty



## Hamidia Girls' Degree College

(Constituent Minority College)

University of Allahabad

Noorulla Road, Sultanpur Bhawa Allahabad-211003

Email: [hamidia\\_alld@yahoo.co.in](mailto:hamidia_alld@yahoo.co.in)

[www.hgdc-alld.org](http://www.hgdc-alld.org)

<b>(For office use only)</b>								
Registration Number _____								
No. of Enclosures Claimed _____								
No. of Enclosures Attached _____								
(Signature)								
<b>1.</b>	<b>Name of the Department Applied for :</b>							
<b>2.</b>	<b>Personal details</b>							
a.	<b>Name</b> (In Capital Letters)	First Name			Middle Name		Surname	
b.	<b>Date of birth</b>	Day	Month	Year	Age as on last date of advertisement	Years	Months	
c.	<b>Place of birth</b>	City/Village			State	Country		
d.	<b>Father's Name</b>							
e.	<b>Mother's Name</b>							
f.	<b>Nationality</b>							
g.	<b>Community/ Category</b> (Please strike out whichever options are not applicable)	GEN / OBC / SC /ST /Other categories give details _____						
h.	<b>Marital status</b>	S.No. of proof enclosed _____ Married / Unmarried/ Divorced / Name of spouse _____						
<b>3.</b>	If physically disabled, indicate the relevant particulars				Yes/ No	Percentage of disability	S.No. of proof enclosed	
a. Blindness or low vision:								
b. Hearing impairment								
c. Locomotor disability or cerebral palsy (includes all cases of Orthopaedically handicapped)								
<b>4. Educational qualifications</b> (Attach additional pages, if required)								
	Name of the course	Name of the Board/ University	Month & Year passed	Div.	CGPA (if grading is applicable)	% of Marks (pl. indicate equivalent to CGPA also)	Subjects studied	S.No. of proof enclosed
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class. / equivalent								

10+2/Higher Secondary equivalent								
Bachelor's degree								
Master's degree								
M.Phil./equivalent (1 Year Programme)								
M.Phil./equivalent (2 Year Programme)								
Ph.D.								
Indicate specifically whether Ph.D. degree has been awarded						Yes/No		S.No. of Proof Enclosed
Whether Ph.D. degree fulfills at least 6 out of 11 criteria laid down by UGC [only for those who were enrolled before 31.12.2009 and have not cleared NET]						Yes/ No (Applicable only for Asstt. Professor)		
NET/ SLET for lectureship, if any	Subject			Roll No.		Year		
Any other exams passed								
<b>5. Chronological list of experience</b> (starting from current position/ employment)								
Designation	Scale of pay & present Basic & AGP	Name & address of employers	Period of Experience			Nature of work/ duties	S.No. of Proof Enclosed	
			From date	To date	No. of years/ months (As on date of advertisement)			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	

\* (Add separate sheet if required, to be annexed at relevant S.No.)

<b>6. Nature of experience</b>			S. No. of Proof Enclosed
a) Teaching	No. of years	No. of months	
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 S. No.)

<b>7. Academic distinctions</b>		S. No. of Proof Enclosed
Name of the Academic Course/ Body	Academic distinction obtained	

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\* (Add separate sheet if required, to be annexed at relevant S.No.)

**8. Publications**, if any (Mention here only numbers. The details and copies of the reprints be enclosed)

Publications	Published in (indexed/ISSN numbered) (no.) International Journals	having impact factor	Published in National refereed journals	Published in non refereed journals	Published as full paper in conference proceedings	S. No. of Proof Enclosed
(a)	(b)		(c)	(d)	(e)	

\* (Add separate sheet if required, to be annexed at relevant S.No.)

**PLEASE ATTACH PROOFS OF ALL THE CLAIMS**

**Note Please attach self attested and numbered reprints/copy otherwise No weightage will be given of screening**

9. Seminars/ Conference/ Workshops/ Training programmes, attended.	National (No.)	International (No.)	Total (No.)	S. No. of Proof Enclosed

\* (Add separate sheet if required, to be annexed at relevant S.No.)

**10. Research projects** (only externally funded) (To be filled only by the candidates applying for the post of Assistant Professor)

Title of projects completed	Funding Agency	As PI/CO-PI or Investigator	Amount of grant and duration
Title of ongoing projects			

**11. Candidate's Name & Address for correspondence (with Pin Code):**

Email ID	Phone No. (Landline with STD code)	Mobile No.

**12. List of self attested testimonials attached (original to be produced at the time of interview).**

Please tick the enclosures attached

Sl. No.	Check List	Sl. no. of enclosure	No.of sheets enclosed
i.	Matriculation mark sheet/ certificate		
ii.	Intermediate mark sheet / certificate		
iii.	B.A./ B.Sc./ B.Com (Final) mark sheet/ degree		
iv.	M.A./ M.Sc./ M.Com (Final) mark sheet/ degree		
v.	L.L.B. (Final) mark sheet/ degree		
vi.	L.L.M. mark sheet/ degree		
vii.	M.Phil. degree		
viii.	Ph.D./ D.Phil degree		
ix.	D.Litt., D.Sc., L.L.D. degree		
x.	NET, UGC-JRF, CSIR-JRF Award Certificate		
xi.	Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc)		
xii.	Experience certificates		
xiii.	Recommendation letter(s)		
xiv.	Award (s)		
xv.	Fellowship(s)		
xvi.	Publication (s)		

Total number of sheets enclosed \_\_\_\_\_ (please give sequential number to each sheet with Signature and Date). Applications without the above self attested testimonials (applicable to all the candidates) may not be entertained

**13. Any other information/ qualification relevant to the post applied for:**

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**14. Declaration**

I, \_\_\_\_\_ daughter of \_\_\_\_\_ do hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature/ appointment may be cancelled by the University.

I have never been convicted or contemplated for any un lawful activity.

Signature of the Applicant

Date : \_\_\_\_\_

\_\_\_\_\_

Name as signed (in BLOCK LETTER)

\*Application not signed by the candidate is liable to be rejected