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

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

EDUCATION



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

Pa	rticulars of fee Remitted:
An	nount Bank Draft No Date Issuing Bank
1	Full Name (in Block Letters)
2	Father's/Husband's NamePassport sizePhotograph
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 Noemail
	b) Permanent Address
	Tel No Mob Noemail

9 Academic Qualification (with supported documents)

Exam	College/	Univ./	Year	Subjects	% of	Class/	Distinctions/
Lixuin	Inst.	Board	1 cui	Bubjeets	Marks/	Div	Scholarship
	mst.	Doalu				DIV	Scholarship
					Grade		

10 Research Degree (s)

Degree	Specialisation	Institute/	Status	Degree	Date of	Date of	Title of the thesis
		Univ.		awarded	Thesis	Award	
				as per	Submission	of	
				UGC		Degree	
				Regulation		-	
				2009 (In			
				case of			
				Doctoral			
				and			
				Awarded)			

(i) Whether a project was undertaken at PG/M.Phil level

Yes/No

(ii) Whether qualified NET (conducted by UGC/CSIR/ ICAR/State) Yes/No (Indicate the date and attach documentary proof)

Туре	Agency Name	Year

11 Present Employment

Employer	Status of	Designation	Since	Pay	Pay	Gross	Nature of	Nature	Place
Name	Organisation		date		Scale (In	Pay	Employment	of	
					case of	-		Work	
					Graded				
					Pay)				

12 Teaching/Professional/Research Employment

Employer Name	Status of Organisation	Post Held	From	То	Pay	Pay Scale (In case of Graded Pay)	Nature of Employment	Nature of Work	Reason for Leaving

13 Details of Professional Recognitions, Awards, Fellowship, Honours Received:

0			
Award Type	Award Name	Awarding Institution or	Date
		Body	

14 Membership of Professional Bodies:

Name of Body	Type of Membership	Date of Membership	Positions held

15 Research Paper published in:

Journal/ Publication Type			Deta	Impact factor in case of refreed journal	Author ship	Self Assess ment Score of API				
	Name of Journal/ Publicat ion	ISSN/ ISBN/ Ref. No. (if any)	Title of Publish ed Work	Vol. No. and Date	From Page No.	To Page No.	Date of Publication			

10 Kesea	10 Research Publications (Books, Chapter in books, Other than refreed journal articles).											
	Book Details		Detail of 7	Fext or refe	rence Books,	Authorship	Self					
			Subject	Books and	chapters in		Assessment					
				book			Score of					
Level of	Type of	Whether	Name &	Title of	Title of		API					
Publication	Publication	having	Address	Book	Chapter (if							
		ISBN No.	of	of applicable)								
			Publisher									

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

17 Research Projects:

Туре	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:

Туре	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:

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

21	Participation	in Conference	e/Seminar	/Symposia	/Workshop [.]
<u> </u>	1 and pation	in conterent	c/Semmar/	/ Symposia	workshop.

Type of Participation	Status	Title of Paper	Date	Self	Whether
		L		Assessment	Published
				Score of	in form of
				API	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 refreed 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.