FORM A Application form for the Academic Posts

Application Format for Filling the Faculty at ANSSIRD & PR Mysuru, State Panchayat Resource Centre, Bengaluru and Regional Centres at Kalaburagi and Dharwad

Advt	. No	Post No			
Post a	applied for				
SEC	ΓΙΟΝ – A: GENERAL				
1. Na	me in full (In Block Letters) I	Or./Mr./Mrs/Ms			
2. Da	te of Birth	(In words)			
2(a).	Gender				
3. Fa	ther's/Spouse Name				
4. Ma	ailing Address				
		Pin Code			
Tel. N	No (with STD code)	Mobile	E-r	nail ID	
5. Pe	rmanent Address				
		Pin Code	;		
6. Ma	arital Status	7. Nationality			<u> </u>
8. Sta	ate of Domicile				
9. Ca	tegory: SC/ST/OBC/PWD/G	eneral			
	resent Employer				
10.1	resent Employer				
SEC	ΓΙΟΝ – B: QUALIFICATIO	NS & EXPERIENCE			
11.	EDUCATIONAL QUALIF	ICATIONS (Starting wit	h highest degree obt	ained):	
Sl. No.	Examination/Degree	Name of Board/ College/University	Percentage of Marks/Final Grade	Subject(s)	Year of Passing/ award
(Pleas	e attach photocopies in support)				
12.	Whether Ph.D./ M.Phil awa	arded: Yes / No	Specify		

	If Yes, indicate the year of av	vard					
13.	Title of Ph.D / M.Phil Thesis						
14.	Whether qualified UGC/CSI	R NET/SLET/S	ET Y	es 🗌 1	No 🗌		
	(If yes, indicate the year, and a	ttach a photocop	y of NET/S	SLET/SET	certifica	ate)	
15.	Details of Employment Expe (Attach separate sheet if necess		nological (order start	ing witl	n the most	recent)
Sl. No.	Name of Employer/Status of Institute/University (Govt./Quasi Govt./Autonomous etc.)	Post held/ Designation	Period of Employment		Salary last drawn,		Nature of duties
			From	То			
16. S	ummary of experience/perfor	mance		- - - - - - - - - - 			
	Teaching Expe	rience		From	To	Years	Total Months
i.	Training					1 4412	1/1011011
ii.	Research						
iii	Any other (Specify)						
	ist of Publications / Participat oks / Monographs / Working]		ation in W	Vorkshops/	Semina'	rs/Confer	ences etc.
b. Co	ontributions to Books / Readin	g Materials					
c. Co	ntributions to Journals						
d. Co	ontributions to Newspaper / No	ews Letter / Ma	gazine				
e. Ot	her Academic and Public Acti	ivities (including	g talks and	l lectures)			
18. N	ames of Two Referees						

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

Date:					
Place:		(Signature of the	(Signature of the Applicant)		
20	Forwarding letter from present employ	er of the applicant.			
	Forwarded with the remarks that Shri/Ms	·	is working in		
	this organization in the capacity as	from	to		
Place:		Signature of Head of the I	nstitution		
		Signature of Head of the Institution Name:			
		 			
Fax:		Designation:			
E-mail	l:	Address:			
		(Rubber Stamp)		