



दक्षिण बिहार केन्द्रीय विश्वविद्यालय CENTRAL UNIVERSITY OF SOUTH BIHAR

(Established under Central Universities Act, 2009)

Note: Applicant should download this form (Word file), type in relevant information (Hand written applications shall be rejected) with given format, take print out, endorse signature and submit the printout with relevant enclosures. Information supported by enclosures only shall be considered otherwise the application is liable to be rejected.

(For office use only)

Date of Receipt of Application: _____ Application Form No. _____

Demand Draft No. Issuing Bank & Branch.....DateAmount

1. (a) Position applied for :
- (b) Post Code :
2. Name of the Department :
3. Name of the Candidate :
4. Date of Birth/Age in years : /
(Year/month/days)
5. Sex (M/F) :
6. Father's Name :
7. Mother's Name :
8. Address :
- (a) Correspondence :
- (b) Permanent :
- (c) Telephone : (d) E-Mail :
9. Marital Status :
10. Spouse Name (if married) :
11. Nationality :
12. Category (Gen/SC/ST/OBC/PWD) :
13. If, Physically Disabled,
(a) indicate category (OH/VH/HH) :
- (b) % of disability :(Copy to be enclosed)

Please affix recent
Passport size
coloured
photograph duly
self-attested



14. Academic Qualifications :
(Starting from High School)

Name of the Class/Degree	Name of the Institute	Board/University	Year Admitted	Year Completed	Percentage/CG PA	Rank/ Distinction (If any)	Subjects	Annexure No.

15. Research Degree(s) : (Annexure No. _____)

Name of Degree	Specialization	Institution/University	Status	Please specify whether Ph.D. Degree awarded as per UGC Regulation 2009 or 2010 (In Case of Doctoral and Awarded)	Date of Thesis submission	Date of Award of Degree	Title of Thesis

16. Whether a project was undertaken at PG/M.Phil. level (Y/N) :
(If yes, the details thereof)

17. Whether qualified NET/NET-JRF/SLET etc. conducted by UGC/CSIR/ICAR/State? : (Annexure No. _____)

Type	Agency Name	Year

18. Extracurricular interests :
.....
.....
.....
.....



32. Conference/Workshop/Training programme/Refresher/Orientation programme organized or attended :

(Annexure No. _____)

Name of the Event	Category	Date	Venue	Sponsoring Agency	Role as Organizer

33. Whether Editor or Member of Editorial Board of Referred Journal (details) :

34. Whether any Administrative work carried out (Y/N) :

(Annexure No. _____)

Capacity	Nature of work	Duration in years

35. Statement about work done (teaching and/or other professional activities related to the discipline) so far and significance of the professional contribution :



36. Brief statement on your philosophy about teaching:-

37. 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 :

38. Have you ever been punished during your studies at College/University? (Y/N) :

39. Have you ever been punished during your service or convicted by a court of law? (Y/N) :

40. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Y/N) :

41. Do you have any case pending against you in any court of law? (Y/N) :

42. Declaration to be signed by the Candidate :

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:- _____

Signature of the applicant

Place:- _____

(.....)
Name of the Applicant



43. Forwarding letter from present employer of the applicant.

Forwarded with the remarks that Shri/Ms. _____ is working in this organization in the capacity as _____ from _____ to _____ and the institution/organization has no objection to the candidature of the applicant being considered for the post applied for as above.

Place : _____

Date: _____

Fax: _____

E-mail : _____

Signature of Head of the Institution

Name : _____

Designation : _____

Address : _____

(Rubber Stamp)