

Arya Kanya Mahavidyalya, Shahabad Markanda

FORM OF APPLICATION FOR EMPLOYMENT FOR TEACHING POSTS`

Sr. No.:

Application No.

(To be filled by the office)

Notes: -

1. The last date for receipt of application is
2. This application form and the bio-data should be properly filled.
3. Attested copies of all certificates/testimonials should be attached. Originals will have to be shown at the time of interview.
4. Persons in employment should send their applications through their employer. They may, however, send a copy in advance, but it must be on the prescribed form, and accompanied by the copies of certificates/testimonials, etc. A copy of application on the prescribed form be also sent to the Dean of Colleges, Kurukshetra/Maharishi Dayanand University, Rohtak.

5. Applications received after the due date or found incomplete may not be considered.

a) Post applied for (Give the full name of the Post)

(Advt. No.....)

b) Name in full (in block letters)

c) Father's Name

d) Present Postal Address (in block letters)

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e) E-Mail ID

f) Telephone No. With WhatsApp No.

g) Permanent Home Address.....

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6. a) Nationality of the candidate.....

b) Whether belongs to SC/BC/ Minority.....

c) Marital Status

7. a) Date of Birth

b) Place of Birth.....

8. If you are employed, your present designation.....

9. **Reference:** They should be professionally competent persons who are well acquainted with some aspects of the applicant's training accomplishment, capabilities, and the character but must not be relations. Two referees should be listed, and at least, one of them should be citizen of India. For applicants having done Post-Graduate or Post-Doctoral research, the research supervisors must be listed.

I. Name:

Occupation or position

Address:

II. Name:

Occupation or position

Address:

10. Have you ever been prosecuted, kept under detention or bound down, fined, convicted by a Court of law of any offence or debarred/disqualified by any University, Public Service Commission from appearing at its examination/selection? Is any case pending against you in any Court of law at the time of filling up of this application form? If the answer is 'Yes' full particulars of case, detention, fine, conviction, sentence, etc, should be given.

11. Educational Qualifications (From Matriculation onwards)

Exam Passed	Univ/ Board	No. of Attempts	Roll No.	Year of Passing	%age of marks obtd.	Max. Marks	Marks Obtd.	Subjects	Distinction, 'if any	Page No.
Matric										
Hr Sec/ Pre -Uni./ SSCE Part-I										
Pre-Engg./ Pre-Medical/ SSCE Part II										
B.A./B.Com / B.SC										
M.A./ M.Com./ M.Sc.										

UGC (NET/SET)										
M.Phil.										
Ph. D.										
B.P. Ed. B. Lib										
M.P. ED. M. Lib										
Any Other Exam										

12. Topic of M. Phil. Dissertation.....

13. Topic of research for Ph.D.....

14. Field of Specialization

15. List of Publications:

Publications	A Published	B Press	C Accepted for Publication	D Communicated for Publication	E In preparation	Page No.
Books	Ind. Jointly					
Papers	Ind. Jointly					
Abstracts	Ind. Jointly					
Patents	Ind. Jointly					

16.

Name of the Employer.	Designation of the post held	Duration of appointment From/ To	Basic Pay Allowance Separately	Reasons for leaving	Page No.

17. Basic Pay Acceptable.....

18. Total Experience: Under Graduate Classes.....

Post Graduate Classes.....

19. Period required for joining the post, if selected.....

20. List below the certificates and testimonials (attested copies) attached.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of the circumstances which may impair my fitness for employment.

Place:

Dated:

(Signature of the Candidate)

CERTIFICATE FROM THE EMPLOYER, IF ANY

The application of /Mr. /Ms./Mrs./Dr./Prof.....
who is at present working as.....in this Department/Organization for the post
of.....in theis forwarded and recommended for consideration.
In case he/she is selected for employment in the
.....he will be relieved from his
present position on.....notice.

Place:

Dated:

Signature of the Head of
the Office /Organization
(Seal of Office)

***Attach Photocopy of Documents in respect of each category mentioned above.**