



ANNADA COLLEGE ,HAZARIBAG  
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## APPLICATION FORM FOR ASSISTANT PROFESSOR

Post Applied For: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Affix a recent  
passport size  
photograph  
here

1. Name in full (In Block Letters): Dr./Mr./Mrs/Ms \_\_\_\_\_

2. Date of Birth (DD/MM/YYYY): / /

3. Father's Name: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Tel. No (with STD code) \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail ID: \_\_\_\_\_

5. Permanent Address \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

6. Marital Status: \_\_\_\_\_

7. Nationality: \_\_\_\_\_

8. State of Domicile: \_\_\_\_\_

9. Religion: \_\_\_\_\_

10. Category: GEN/OBC/SC/ST/EWS

11. Whether qualified UGC NET/JRF/SLET  Yes  No

(If yes, indicate the certificate no. and attach a photocopy of NET/SLET/SET certificate) \_\_\_\_\_

12. Whether Ph.D. awarded :  Yes  No

(If Yes, indicate the year of award: \_\_\_\_\_)

13. Title of Ph.D. thesis awarded: \_\_\_\_\_



**17. Refresher Course, Methodology, Workshops, Training, Faculty Development Programs, etc. attended.** (Please attach separate sheet, if necessary)

Sl.No.	Name of Course attended	Sponsoring Institution	Duration From ___ to ___

**18. Papers presented in Regional/National and International Seminars/Conferences / Workshop/ Symposium. Indicate whether the Conference Proceedings are published.**

(Please attach separate sheet, if necessary)

Sl.No	Title/Subject of paper presented	Subject of Conference / Seminar / Symposium / Workshop	Organizing Institution/ Name of Country and City/	Duration From ___ to ___	Whether the proceedings published Yes/No

**19. List of Enclosures:**

	(a) Copies of Mark-sheets & certificate of educational Qualification & certificate of clearing NET/SLET/SET etc.
	(b) Copies of certificate of Teaching & Research experience.
	(c) List of publications with details, reprints of papers published and acceptance letters (in case accepted papers/articles etc.)
	(d) Copies of other relevant certificate & documents

**20. Declaration**

I certify that the above information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time it is found that any information is false concealed / distorted then, my appointment shall be liable to summarily termination without any notice / compensation & criminal case may be initiated against me under the relevant provision of Indian Penal Code and other laws as applicable.

Place: .....

Signature of Candidate

Date: .....