

ANNADA COLLEGE, HAZARIBAG ANNADA CHOWK, COURT ROAD JHARKHAND- 825301

Email : annadacollege@gmail.com

www.annadacollege.ac.in

APPLICATION FORM FOR ASSISTANT PROFESSOR

Post Applied For:					Affix a recent passport size
Department:					photograph here
Date of Submission:					nere
1. Name in full (In Block Letters):	Dr./Mr./Mrs	s/Ms			
2. Date of Birth (DD/MM/YYYY): _	/	Age on	01/06/2025:_	yrs	months
3. Father's Name:					
4. Mailing Address:					
				_Pin Code	
	Whatsapp _			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/EV	<i>I</i> S		
11. Whether qualified UGC NET/JF	RF/SLET	☐ Yes	☐ No		
(If yes, indicate the certificate no. and a		copy of NE	T/SLET/SET c	ertificate)	
12. Whether Ph.D. awarded :		Yes	□ No		
(If Yes, indicate the year of award:		103)		
13. Title of Ph.D. thesis awarded:			·		

14. Academic Details

Examination/ Degree	Board/ University/ Organization	Subjects/ Specialization	Year of Passing	Division/ Marks in %
High School/ Secondary				
Higher Sec./Sr.Sec/ Intermediate				
Bachelor's degree				
Master's degree				
M.Phil				
Ph.D. degree				
Post Doctorate				

15. Details of Employment Experience: (Attach separate sheet if necessary)

S.No	Name of Employer/Status of Institute/University (Govt./Quasi Govt./Autonomous etc.)	Post held/ Designation	Period of Employment		Basic salary last drawn, pay scale and Grade Pay	Nature of duties
	Governation on our etc.,		From	То		

16. Research Articles/Papers published in Journals /Periodicals /Conference proceedings/Newspapers (Please attach separate sheet, if necessary)

SI.No.	Title of research article / paper(s)	Name of journal (with city/ country)	Whether Sole Author/ Co- author	Month & year of publication, volume, no. & page nos.	Whether Refereed/ non- refereed	ISBN/ ISSN No.	Level (Int./ Nat./ State/ Local)	Impact Factor

17.	Refresher Course, Methodology, Workshops, Training, Faculty Development Programs, attended. (Please attach separate sheet, if necessary)						
SI.No.	Name of Course attended	S	ponsoring Institution	Duration From	Duration From to		
				<u> </u>			
40	Danis and the D			·	/ M/- which/		
18.	Papers presented in Re Symposium. Indicate w	whether the Confere			es / worksnop/		
SI.No	(Please attach separate sheet Title/Subject of paper	et, if necessary) Subject	f Organizing	Duration	Whether th		
	presented	Conference Seminar Symposium Workshop	/ Institution/ and / Name of City/ / Country	Fromto	proceedings published Yes/No		
40 1	int of Englander						
19. Li	(a) Self-Attested c	opies of Mark-sheets &	certificate of education	onal Qualification &	;		
		ing NET/SLET/SET etc		-			
	(b) Self-Attested c	opies of certificate of T	eaching & Research ex	xperience.			
		ist of publications with (in case accepted papers		pers published and			
	acceptance retters	(iii case accepted papers	articles etc.)				
	(d) Self-Attested c	opies of other relevant of	certificate & document	S			
20. De	eclaration						
been c appoin	Sy that the above information concealed / distorted. If at a structurent shall be liable to sured against me under the relev	any time it is found the mmarily termination w	at any information is ithout any notice / co	false concealed / ompensation & crit	distorted then, my		
Place:				Signature of Cand	idate		
Date: .							