

Application for the Post of Contract Lecturers in Department of Computer Science

1. Name in full: Dr./Mr./Mrs/Ms.....

(In Block Letters)

2. Date of Birth:

3. Father's/Spouse Name:

4. Mailing Address:

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Pin Code

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

E-mail ID.....

5. Permanent Address:

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Pin Code

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6. Nationality:

7. Reservation Category: General/OBC/PWD/ SC/ST

(Please attach attested photocopy of Certificate)

8. Religion: Hindu/Muslim/Christian/Others.....

9. EDUCATIONAL QUALIFICATIONS

#	Degree/Examination	University /College	% of Marks	Year of Passing/award
1	Under Graduation			
2	Post Graduation			
3	M.Phil			
4	PhD			
5.	Any other (in Computer Science)			

(Please attach photocopies in support)

10. Whether qualified UGC/CSIR NET: Yes No

(If yes, indicate the year, and attach a photocopy of NET certificate).....

Affix here a
Recent Passport
size
Photograph

11. Summary of Teaching/Research experience (Attach separate sheet, if necessary)

Teaching Experience	Institution/University	Duration	Period
i. Under Graduate			
ii. Post Graduate			
Research Experiences			

(Please attach photocopies in support)

12..Research Publications in Journals /Conference proceedings (Attach separate sheet, if necessary)

#	Title of Publication	Name of Journal/Conference	Month & year	ISBN/ISSN

(Please attach photocopies of the publications)

13. List of Enclosures:

- | | |
|--|---|
| | (a) Copies of Mark-sheets & certificate of educational Qualification/NET etc. |
| | (b) Copies of certificate of Teaching & Research experience. |
| | (c) Photocopies of publications |
| | (d) |
| | |
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14. 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:

Place:

(Signature of the Applicant)