		(Affiliated	to Kurukshetr nbala Road. Ja	<b>GE OF EDUC.</b> a University and recogn gadhri-135003, 01732-2 ncollegeynr@gmail.co	ized by NCTE) 241305		Paste here a Recent
Importan Note:	1) The Candidate is required to fill in this form carefully and attach attested copies Passport Size						
1.	Post Applied	Post Applied for Advt. Ref. No					
2.	Name of the Candidate (In Capital Letters)						
3.	Father's Name DOB						
4.			Married/Unmarried National				У
5.	Category belo	ong to Gen/SC/	ST/BCA/BO	CB:			
6.	Are you Phys	sically handicap	ped?				
7.	Address for G	Correspondence					
				Mobile NoEmail			
8.	Educational	& Professional	l Qualificati	ions: (Strike off w	hich is not a	pplicable)	
Exam Passe	-	University /Board	Year of Passing	Obt. Marks/Total Marks(% age)	Division	Subjects Studied including options	Awards/ Medals/P rizes/Mer it, If any
Matri	culation						
	ec/Pre.						
	10+2/ Inter						
B.A./	B.Sc/B.Com						
M.A/	M.Sc/M.Com						
M.Ed							
M. Ph	nil						
NET							
Degre Subje	,						
Ph.D.			Subject:				
Any o	other Exam						
Field Speci	(s) of alization						

9. Total Teaching Experience in School/College/University: UG\_\_\_\_\_PG\_\_\_

10. Total Research Experience\_\_\_\_\_

## **Institutions Served:**

Name of the Institution	Designation	From	То

- 11. If you are presently employed, state position and address\_\_\_\_\_

13.	Language(s) Known	Read	Write	Speak
14.	Present Pay	In	the Pay Scale	
15.	Basic Pay acceptable_			

16. Period required for joining, if selected\_\_\_\_\_\_

17. List of major publications: Please attach the list with five Xeroxed copies thereof\_\_\_\_\_

Publications		Published	In Press	Accepted for Publication	Communicated For Publication	In Preparation
Books	Independently Jointly					
Papers	Independently Jointly					
Patents	Independently Jointly					

18. List of Enclosures:

 1.\_\_\_\_\_\_
 3.\_\_\_\_\_\_5.\_\_\_\_7.\_\_\_\_

 2.\_\_\_\_\_\_
 4.\_\_\_\_\_\_6.\_\_\_\_8.\_\_\_\_

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

Date: \_\_\_\_\_

Signature of the Candidate

(Signature of the employer with official stamp)

Please give the Names and Addresses of two references who are professionally competent and are well acquainted with your work and accomplishments.

Name:2.Name:Occupation:Occupation:

Address:

1.

Address: