



**APPLICATION FORM FOR
 Professor of Practice**

Affix latest Photograph

(1) NAME OF THE CANDIDATE (IN BLOCK LETTERS) _____

(2) FATHER'SNAME _____

(3) MOTHER'SNAME _____

(4) DATEOFBIRTH _____

(5) PRESENT POSTAL ADDRESS ALONGWITH TELEPHONE NO. AND E-MAILID

PH. _____ MOBILE _____

E-MAILID _____

(6) PERMANENT HOME ADDRESS

(7) NATIONALITY _____

(8) CATEGORY[PLEASE TICK () THE APPROPRIATE BOX]

GENERAL () SC () ST () SPECIALLY ABLED PERSON ()

(9) GENDER MALE () FEMALE () TRANSGENDR ()

(10) MARITAL STATUS (A) MARRIED () UNMARRIED ()

(B) IF MARRIED, NAME OF THE SPOUSE

(11) EDUCATIONAL QUALIFICATIONS

SR. NO	EXAMINATION PASSED	YEAR AND MONTH OF PASSING	UNIVERSITY /BOARD	MARKS OBTAINED/ TOTAL MARKS	DIVISION/ PERCENT-AGE	CGPA (IF GRADING IS APPLICABLE)	SUBJECTS
1	MATRIC/EQUIVALENT						
2	10+2/ EQUIVALENT						
3	BACHELOR'S DEGREE						
4	MASTERS DEGREE						
5	M.PHIL.EQUIVALENT						
6	Ph.D.						
7	ANY OTHER QUALIFICATION						

Note:- (PLEASE ATTACH SELF ATTESTED COPIES OF CERTIFICATES)

(12) THE APPLICANTS ARE REQUIRED TO FURNISH DETAILS WITH RESPECT TO TEACHING/LEARNING AND EVALUATION RELATED ACTIVITIES/'PROFESSIONAL DEVELOPMENT, CO-CURRICULAR AND EXTENSION ACTIVITIES' AND RESEARCH AND ACADEMIC CONTRIBUTION'

(13} CHRONOLOGICAL LIST OF THE PROFESSIONAL EXPERIENCE (INCLUDING THE CURRENT POSITION/EMPLOYMENT)

DESIGNATION AND SCALE OF PAY	NAME AND ADDRESS OF THE EMPLOYERS	PERIOD OF EXPERIENCE			NATURE OF WORK/DUTIES	REASONS FOR LEAVING
		(DATE OF JOINING)	TO (DATE OF LEAVING)	NO. OF YEARS/MONTHS(AS ON THE DATE OF ADVERTISEMENT)		
(A)	(B)	(C)	(D)	(D)	(F)	(G)

(14) REFERENCES NAME, ADDRESS. PHONE NUMBER AND E-MAIL ID OF THE REF.

REF. ONE

REF. TWO

(15) ANY OTHER INFORMATION / ELIGIBILITY RELEVANT TO THE POST APPLIED FOR (PLEASE ATTACH SEPARATE SHEET(S) IF REQUIRED) AS PER THE GR Gen-2022/F. N. 312/ Mashi-1, dated 04/01/2023

DATE:

PLACE:

SIG IATURE