



# DR. HARISINGH GOUR VISHWA VIDYALAYA

(A Central University)

SAGAR - 470 003, (M.P.), INDIA

Tele. : +91-7582-265228, E-mail: rcell.su@gmail.com

Website: www.dhgsu.ac.in

Advt. No. : R/A-NT/2017/01

Dated: 27/01/2017

## APPLICATION FORM FOR OTHER ACADEMIC POSITIONS

Last date of submission of Application Form **15/03/2017**

Fees details: **Power Jyoti Challan No.** \_\_\_\_\_ **Dated** \_\_\_\_\_ **Rs.** \_\_\_\_\_

Post Applied For \_\_\_\_\_ **Post Code** \_\_\_\_\_

Affix recent  
Passport Size  
Photograph with  
Signature

### 1. Personal Details:

Name (In Capital Letters)	First Name		Middle Name		Surname	
	English					
	Hindi					
Date of Birth	Day	Month	Year	Age as on closing date of advt.	Years	Month
Father's Name	English					
	Hindi					
Mother' Name	English					
	Hindi					
Religion	Nationality					
Sex (Tick, whichever is applicable)	Category/Community (Tick, whichever is applicable)			Marital Status (Tick, whichever is applicable)		
<input type="checkbox"/> Male	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> Married			
<input type="checkbox"/> Female	<input type="checkbox"/> OBC	<input type="checkbox"/> Gen	<input type="checkbox"/> Unmarried			
If physically disabled indicate the relevant particulars	Type of Disability			Percentage of Disability		
Blindness or Low Vision						
Hearing Impairment						
Locomotors disability or Cerebral palsy (includes all cases of Orthopaedically Handicapped)						
Present Postal Address with Pin Code						
E-mail						
Mobile No.						
Permanent Postal Address with Pin Code						
E-mail						
Mobile No.						

## 2. Educational Qualifications (attach additional pages if required):

Name of Qualification	Name of the Course	Name of the Board/ University	Month & Year Passed	Division	% of marks	Aggregate Marks	CGPA (if grading is application)	Subject studies
10 <sup>th</sup> class/ Equivalent								
12 <sup>th</sup> class/ Equivalent								
Bachelor's Degree								
Master's Degree								
M. Phil/ Equivalent								
Ph.D.								

Indicate Whether Ph.D. awarded as per UGC Regulations 2009: Yes/No

In case of 'Yes' please submit the following	Date of Registration	Date of Submission	Date of Notifications

NET UGC/CSIR for Asstt. Professor or equivalent if any	Subject	Roll No.	Year
Any other Exam passed equivalent to NET (SLET/SET etc.)			

Other Qualifications, if any:	
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Competence in use of Computer:	
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## 3. Working Experience in ascending order (including current position/Employment)

Designation & Pay Band/ Pay Scale	Name of the Institution/ organization	Nature of employment (Permanent/ Temporary/ Contract/ Others (Specify)	Duration		No. of Years/ Months (as on last day of adv.)	Nature of Work/Duties
			From	Upto		

4. Total period of Experience (Please ensure that the period of Teaching & Research experience claimed do not overlap :		
a) Teaching	No. of Years	No. of Months
i) UG		
ii) PG		
iii) Research Experience		
iv) Other Experience, if any		

5. Publications, if any (mention here only numbers. Reprints of publications to be attached with application)				
Publications	Published (Nos)	ISBN/ISSN No.	Accepted in Print (No)	Communicated (other than Published/Accepted)
Books				
Books (as Co-author)				
Books (Edited)				
Chapter in Books				
Research Papers				
Articles in refereed journals				
Conference Proceedings				
Other Publications/Patents (Specify)				

6. Seminars/Conferences etc.	In India (No)	In Abroad (No)
Seminars/Conferences/Workshops/Symposium/ Training Programmes etc <b>Organized</b>		
Seminars/ Conferences/ Workshops/ Symposium/ Training Programmes etc <b>Participated as Paper Contributor/ Presenter/Discussant</b>		
Seminars/ Conferences/ Workshops/ Symposium/ Training Programmes etc <b>attended</b>		

7. Details of Professional Recognition: Fellowships, Distinctions, Awards, Honours etc. received			
Award type	Award name	Awarding Institution or body	Date

8. Research Guidance:	M. Phil/ Equivalent (No.)	Ph.D. (No.)
Completed		
Under Supervision		

9. Research Projects undertaken (other than that for a Research degree)				
Title	Date of Commencement	Date of Completion	Sanctioned Amount	Funding Agency



14. Are you willing to accept the minimum initial pay in the grade? If not state reasons for claiming higher starting pay

15. Have you ever been punished during your service or convicted by a court of Law?

16. Do you have any case pending against you in any court of Law?

17. Total No. of self attested testimonials attached  
(Applications without self attested testimonials will not be entertained)

**18. DECLARATION**

I \_\_\_\_\_ S/o, D/o, \_\_\_\_\_ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected in future at any stage, my candidature/appointment may be cancelled by the University.

Place:  
Date:

**Signature of the Candidate**

**Name in Block Letters**  
**(Application not signed by the candidate is liable to be rejected)**

**19. Endorsement by Employer**

**Forwarded to Dr. Harisingh Gour Vishwavidyalaya, Sagar - 470003**

(In case of in-service candidates, whether in permanent / contract / temporary capacity, the application must be endorsed / forwarded by the Head of the Department / Employer. Otherwise the application is liable to be rejected.)

The applicant Dr./Mr./Mrs/Ms. \_\_\_\_\_, who has submitted this application for the post of \_\_\_\_\_ in Dr. Harisingh Gour Vishwavidyalaya, Sagar, (M.P.), has been working in this organization namely \_\_\_\_\_ in the post of \_\_\_\_\_ in a temporary / contract/ permanent capacity with effect from \_\_\_\_\_ in the Scale of Pay / Pay Band of \_\_\_\_\_. He / She is drawing a basic pay of \_\_\_\_\_ His / Her next increment is due on \_\_\_\_\_.

Further, it is certified that no vigilance case or disciplinary proceedings or criminal proceeding is either pending or contemplated against the said applicant. There is no objection for his/her application being considered by Dr. Harisingh Gour Vishwavidyalaya, Sagar (M.P.).

(Signature of the forwarding officer)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Place: \_\_\_\_\_

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

(Seal)

<b>20. Checklist of Documents Enclosed:</b>		
<b>S. No.</b>	<b>Documents</b>	<b>Tick (✓)</b>
1.	Matric/Secondary/High School (10 <sup>th</sup> Class) Marks Sheet	
2.	Matric/Secondary/High School (10 <sup>th</sup> Class) Certificate	
3.	Sr. Secondary/Intermediate (12 <sup>th</sup> Class) Marks Sheet	
4.	Sr. Secondary/Intermediate (12 <sup>th</sup> Class) Certificate	
5.	Bachelor's Degree Marks Sheet	
6.	Bachelor's Degree	
7.	Master's Degree Marks Sheet	
8.	Master's Degree	
9.	M. Phil. Marks Sheet	
10.	M. Phil. Degree	
11.	Ph. D. Degree	
12.	Experience Certificate(s) from previous employers	
13.	Endorsement from the present employer	
14.	SC/ST/OBC/PWD Certificate	
15.	Others, if any:	

**Note:** List of Documents be checked & ticked properly. Any lapse on this account is liable for rejection of your form.