



UNIVERSITY OF ALLAHABAD

(Established by Act (2005) of Parliament)

Application Form for Guest Faculty (Self Finance)

(PLEASE FILL THE FORM IN CAPITAL LETTERS USING COMPUTER ONLY)

Post applied for	: GUEST FACULTY
Department/Centre/Institute	:
(For office use only) Registration Number _____ No. of Enclosures Claimed _____ Attached _____ (Signature)	University of Allahabad Website: www.allduniv.ac.in Advertisement No. <u>UoA/GF-SF/01/2021</u>
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form </div>	

Personal Information (Please fill the all information in capital letters using computer only)

i)	Name:			
ii)	Father's Name:			
iii)	Mother's Name:			
iv)	Date of Birth (DD/MM/YYYY)			
v)	Community/ Category (Please strike out whichever options are not applicable)	SC/ST/SEBC/Other categories give details _____ S. No. of proof enclosed _____		
vi)	Marital status:	a. Married / Unmarried/ Divorced / Name of spouse _____		
vii)	If Persons with Disability(PwD), indicate the relevant particulars	Yes/ No	Percentage of disability	S. No. of proof of enclosure
a)	Visually Handicapped (VH) :			
b)	Orthopedically Handicapped (OH) :			
viii)	Corresponding Address:			
a)	Line 1:			
b)	Line 2:			
c)	City:	d)	District:	
e)	PIN:	f)	State :	
g)	E. Mail ID	h)	Mobile No.	
ix)	Permanent address:			
a)	Line 1:			
b)	Line 2:			
c)	City:	d)	District:	
e)	PIN:	f)	State :	

(A) Educational qualifications						
Qualification	Name of course	Name of the Board/ University/Organization	Major Subjects studied	Year of passing	% of Marks	S. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)
10th Class / equivalent						
10+2 Class/ equivalent						
Bachelor's degree						
Master's degree						
B. Ed/ B.P.Ed/BPE						
M. Ed/ M.P.Ed/MPE						
NET/ SLET/SET						
M. Phil.						
Ph. D						

(B) Awards (BEST 2 awards ONLY)				
Name of Award	Academic body/Association	Year	International/National/ State level	S. No. of proof of enclosure

(C) Research Publications				
Published Research Papers in Journals (BEST 5 PUBLICATIONS ONLY)				
S. No	Title of Research Paper	Name of Journal with Volume, Page No and year of Publication	ISSN /ISBN No	S. No. of proof of enclosure

(D) Teaching/ Research experience (Last 05 years only)

Designation	Teaching/ PDF	Name of Department & University/Organization	Period of Experience			Salary	S. No. of proof of enclosu re
			From date	To date	No. of years		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

(E) Names and complete postal addresses of 2 referees (The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant)

Reference Details	Referee-1	Referee-2
Name:		
Designation:		
Address :		
Mobile No. :		
E. Mail. ID:		

(F) Declaration:

I, _____ son/ daughter of _____ 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 found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature/ appointment may be cancelled by the University.

I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

*Name as signed (in BLOCK LETTER)

Date : _____ *Application not signed by the candidate is liable to be rejected