

For Office Use Only

Application received on _____ Registration Number _____

APPLICATION FOR THE POST OF PRINCIPAL / PHYSICAL DIRECTOR

(To be filled in by the candidate)

Advertisement Number :		Affix recent passport size photo here and attest (Do not staple)
Name of the College applied for :		

S. N.	Particulars	Details
1	Name (In capital letters)	
2	Father's / Husband's Name	
3	Date of Birth	
4	Place of Birth	
5	Age (as on last date of submission of application)	
6	Sex (Male / Female)	
7	Marital Status	
8	Nationality	
9	Religion	
10	Category (UR/SC/ST/OBC)	
11	Do you belong to Physically Challenged category (If yes enclose relevant certificate)	
12	Address for correspondence PIN code Mobile No	
13	Permanent Address PIN code Mobile No	

17	Details of Scholarship / Awards / Honors / with proof (Attach separate sheet if required)	Proof Encl. No.
18	Details of Academic achievement with proof (Attach separate sheet if required)	
19	Developed / Participation in production of educational programs with proof (Attach separate sheet if required)	
20	Conducted short Term / Continuing Education Programmers' / Other Courses with proof (Attach separate sheet if required)	
21	Attended STTP / Conference / Workshop / Symposium etc. (Attach separate sheet if required)	

22	Special Training / Assignment (Attach separate sheet if required)			Proof Encl. No.	
23	Publication				
	(A) Research Papers				
	Papers in	Published (Nos)	Accepted (Nos)	Communicated (Nos)	Remarks
	Referred International Journals				
	Referred National Journals				
	Conference / Symposia				
	Books				
	(B) List of Publications in Journals (Attach separate sheet if required)				
	Details (Author(s) / Title / Volume / Page / Year)		Cumulative Impact Factor	Proof Encl. No.	
	(C) List of Publications in Conference Proceedings (Attach separate sheet if required)				
24	Details of IPRs / Patents etc. (Attach separate sheet if required)			Proof Encl. No.	

25	Thesis Supervision (in number)				Proof Encl. No.	
	Description	Awarded	Summated	In Progress		
	Ph.D.					
	M.E. / M. Tech.					
	Others					
26	Sponsored Research / Consultancy Project (Attach separate list if required)					
	Name of Project	Funding Agency	Amount (in Rs. Lakh)	Status		
				Completed	In Progress	
27	Membership / Fellowship of Professional Bodies / Societies					
28	Administrative responsibility held in chronological order (Attach separate list if required)					
	Position field	Organization	Nature of responsibility	Period		Proof Encl. No.
				From	To	

29	Two references						
	(i)				(ii)		
	Email ID :				Email ID :		
	Mobile No :				Mobile No :		
	(iii)						
	Email ID :				Email ID :		
	Mobile No :				Mobile No :		
	30	Details of Present Employee :					
Name & Address		Contact Number (Phone, Mobile)	Nature of Present Post (Mark \checkmark)	Pay Band	AGP / GP	Other Allowance	Total Enrollment
			Permanent				
			Temporary				
			Ad-hoc				
	Contractual						
31	If appointed, minimum time you will require to join on the post?						
32	Any other information you wish to give (Attach extra sheet if required)						

Declaration by the candidate

I, _____ hereby, declare that the information given by me in this application form is true the best of my knowledge and belief. If, at any time, I am found to have concealed any material / information or given any false information, my candidature / appointment may be summarily rejected / terminated without any notice or compensation and I am liable for legal action against me.

Signature of Applicant

Place :

Date :

This certificate is to be issued on the institute / organization / industry's official letter head
(This certificate must be signed by the employer in case of the candidate already in service
whether in permanent / ad-hoc / temporary capacity)

CERTIFICATE FROM THE PRESENT EMPLOYER

Ref. No. :

Date:

Forwarded Sh./ Smt / Dr. _____ bearing the
designation of _____ holds the post in our institute / organization
in permanent / Ad-hoc / temporary / contractual capacity.

He / She is drawing the pay in the pay-band / scale _____ with
AGP / GP _____. This institution / organization has no objection to the
candidature of the applicant being considered for appointment to the post of Principal in the
college. _____

Signature of the Employer with seal

Name: _____

Designation: _____

Place:

Date: