



Apply for posts Information

Department Name

Name of Current Employer if any

Total Pay Scale

Current designation

Designation Name	Category	
GENERAL INFORMATION	AND ACADEMIC BACK	GROUND
First Name		
Middle Name		
Last Name		Photo
Father's Name		
Date Of Birth		
Gender		
Category		
Marital Status		Signature
Email		
Mobile		
Telephone	Aadhar No.	
PAN CARD	Nationality	
Physically Handicapped?	Handicapped Type	
Correspondence Address		
Correspondence State	Correspondence City	
Correspondence Pin Code		
Permanent Address		
Permanent State	Permanent Cit	ty
Permanent Pin Code		

Academic and other qualification

Examination	Name Of the School/Institute	Name Of the Board/University's	Month & Year Of Passing	Division /% Of Marked Obtained	Result Criteria	Subjects

Other Academic and qualification details

Examinat ion	School/Inst itute	Board/ Universi ty	Month & Year Of Passing	Division, % Obtained	Resu lt	Subject s

Appointments held prior to the Present Employment

Name Of the Employer/D esignation	Nature Of Duties /Experie nce Type	DOJ/ DOL	Reaso n Of Leavi ng	Exp. In Year/ Month	Nature of Appoint ment	SalaryIn/Gr adePay	Sal ary Wit h Gar de

Post/s held with present employer:

Employe r / Designati on	Nature Of Duties /Experie nce Type	DOJ/D OL	Exp. In Year/Mo nth	Nature of Appointm ent	SalaryIn/Grade Pay	Sala ry With Gra de Pay

A) Pe	riod of	teaching	experience
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In Year, Month	
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B) Industrial and technical experience

In Year, Month	
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C) Administrative Experience

In Year, Month	
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D) Research Experience Excluding Year

In Year, Month	
III I cai, iviolitii	

Fields Of Specialization Under the Subject/Discipline

A)	
B)	
C)	
D)	

Any Other Information Relevant To the Post Applied For And Not Covered By

The Applicant Earlier:	••	·

Orientation/Refresher Course/Quality Improvement (QIP) Attended

Name Of Course	Place	Year	Duration	Agency

Particulars Of The Three References

Name	Designation	Address	Email	Contact

Language Proficiency

Language	Read	Write	Speak	Examination Pass (If Any)	Mother Tongue

Extension Activities, Awards, etc

A) Membership of/nomination on professional/other bodies

Name	Position Held	No. Of Year	Contribution For Which Award Is Given

B) Detail Of Award, If Any Received

Name Of Award	Awarding	Year	Contribution for
			0 0 0 - 70 0 7 0 - 0 - 0 - 0 - 0 - 0

Institute	Which Award is Given

SECTION-II PROFORMA FOR CALCULATING API SCORE (CATEGORY: III RESEARCH, PUBLICATION AND ACADEMIC CONTRIBUATIONS)

(Evidences to be provided along with the application for the final verification)

A) Published Papers in Journals

Tit le	Jour nal with Vol	Jour nal with Page No/ Year	ISSN/IS BN No., If Any	Whethe r Peer Review ed. Impact Factor, If Any	No. Of Co- autho rs	Whether You are the main Author/Guide/M entor	Journ als Catego ry	API Sco re

B) (I) Complete Book Published and Articles/Chapter published in Books

Titl e	Book Chapt er	Book Title editor & publish er	ISSN/ISB N No., If Any	Whether Peer Reviewe d. Impact Factor, If Any	No. Of Co- autho rs	Whether You are the main Author/Guid/Men tor	API Scor e

B) (II) Full Papers in Conference Proceedings

Title	ISSN/ISBN No., If Any	Whether You are the main Author/Guide/Mentor	API Score

Patents registered/filed (with registration No. & Date)

Title	Patent Application Registration No	Patent Application Registration Date	Date Of Award Of Patent	Patent Registration No

- C) Ongoing and Complete Research Projects and Consultancies:
- C) (I & II) Ongoing Project/Consultancies

Title	Research Project/Consultancies	Agency	Period with dates	Grant/Amount Mobilized	API Score

C) (III & IV) Complete Projects/Consultancies

Titl	Research	Agenc	Perio	Grant/Amou	Whether Policy	API
e	Project/Consultanc	\mathbf{y}	d	nt Mobilized	documents/pate	Scor
	ies		With	(₹ Lakh)	nt as outcome	e
			Dates			

D) Research Guidance

Guided IN	Supervisor/Co- supervisor	Status	Title	Date	API Score

E (I) Training Courses, Teaching-Learning-Evaluation Technology Programs, Faculty Development Programs

Programme	Duration With dates	Organized By	API Score

$E) \ (II) \ Papers \ presented \ in \ Conferences, Seminars, Workshops, Symposia$

Title of	Title of	Organiz	Whether	API
the	Conference/Sem	ed By	international/national/State/Region	Sco
paper	inar etc With		al/College or Institute Level	re

present ed	dates.					
		etures and Chairmans onferences /seminars		onal		
Or Inter- Title of Lecture/	national c		etc. Organize	Whether	ional/Nation	API Scor
Or Inter	national c	onferences /seminars Title Of Conference/Semina	etc. Organize	Whether Internat		Scor
Or Inter	Academi	onferences /seminars Title Of Conference/Semina	etc. Organize	Whether Internat		Scor

Details

Administrative Support

Declaration

I hereby solemnly certify that the information provided in this application form is true and correct to the best of my knowledge and belief and I fulfill minimum eligibility as specified by UGC. I also confirm that I have never been convicted by the any court of law or suspended/dismissed by any employer/organization from job. I understand that if any of the information given by me in this application form is found to be incorrect, or I have concealed/misrepresented any information, my candidature/ appointment is liable to be cancelled/terminated at any stage without assigning any reason therefore. I confirm that I shall abide by decision(s) of the Institute with regard to my application/selection.

Place :	Signature of the applicant:
Date :	Designation:

We have <u>"No objection"</u> to his application being considered and, if selected, for his/her appointment to the concerned post in your Institute.

Place:

Date: Signature & Name of the Authority competent to forward this application with seal

Note: Your application form has been successfully submitted to CSJMU. Kindly send the Printout of Application Form with all attachments (Self attested) to The Registrar, Chhatrapati Shahu Ji Maharaj University, Kalyanpur, Kanpur Uttar Pradesh, India-208024