|  |  |
| --- | --- |
|  | **U. P. Rajarshi Tandon Open University, Prayagraj**  (A State Open University of Uttar Pradesh, Established by U.P. Legislature Act. 10 of 1999) |

**APPLICATION FORM FOR ASSISTANT PROFESSOR (CONTRACTUAL)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Advertisement No.: ----------------------------------------- Dated: ----------------------  Post Applied For :------------------------------------Subject/School :-------------------- | | | | **paste Recent**  **passport size**  **photograph**  **with cross**  **signature** |
| ***For office use only***  Date of Receipt : / /2025  Name & Signature of Receiver:------------------------------------------------------ | | | |
|  |
| **Fee Payment Details** | | | | |
| Demand Draft No./RTGS No. | Bank Name | Branch Name | Date | Amount |
|  |  |  |  | Rs. |

**PART-A**

**GENERAL AND ACADEMIC INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **(In Block Letters)** | |  | | | | | | | | | | | | | | | | |
| **Father’s Name** | |  | | | | | | | | | | | | | | | | |
| **Mother’s Name** | |  | | | | | | | | | | | | | | | | |
| **Date of Birth** | |  | | | | **Age on last date of advertisement:** | | | | | | | | | | | | |
| **Place of Birth** | | Village/City | | | | District | | | | State | | | Country | | | | Pin Code | |
|  | | | |  | | | |  | | |  | | | |  | |
| **Nationality** | |  | | | | **Gender** (Male/Female/ Transgender) | | | | | | |  | | | | | |
| **Category** |  | **Sub Category**  **(Encl. No.)** | |  | | **E.W.S.**  **(Encl. No.)** | | |  | | | | **Marital Status** | Married | | | |  |
| Unmarried | | | |  |
| **Religion** | |  | | | | **Aadhaar No.** | | |  | | | | | | | | | |
| **Differently Abled PH (Divyang)** | | | | | **Yes/No** | | **If Yes**  **Please mention the type of disability** | | | | | | **Percentage of Disability** | | | | | |
|  | |  | | | | | | **%** | | | **Encl. No.** | | |
|  | | |  | | |
| **Permanent Address** | | | Village/City | District | | | | State | | | | Country | | | Pin Code | | | |
|  |  | | | |  | | | |  | | |  | | | |
| **Correspondence Address** | | | Village/City | District | | | | State | | | | Country | | | Pin Code | | | |
|  |  | | | |  | | | |  | | |  | | | |
| **Contact No.** | | |  | | | | | **E-mail ID** | | |  | | | | | | | |

**Academic Qualifications**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Examination** | **Name of the Course** | **Name of the**  **Board/**  **University** | **Year of Passing** | **Percentage of marks obtained** | **Division/**  **Grade** | **Subject** | **Encl. No.** |
| 10th Class/ Equivalent |  |  |  |  |  |  |  |
| 10+2/ Hr. Secondary/ Equivalent |  |  |  |  |  |  |  |
| Bachelor’s Degree |  |  |  |  |  |  |  |
| Master’s  Degree |  |  |  |  |  |  |  |
| Any others  if any |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Research Degree(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree** | **Subject** | **Title** | **Date of Award** | **University** | **Encl. No.** |
| M.Phil. |  |  |  |  |  |
| Ph.D./D.Phil. |  |  |  |  |  |
| D.Sc./D.Litt. |  |  |  |  |  |
| ***Note : Whether Ph.D./D.Phil. awarded as per UGC Regulation- (if yes, Please give documentary proof)*** | | | | Yes/No: |  |

**Particulars of NET/JRF/SLET/GATE etc.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Test** | **Name of the Test conducting body** | **Month and Year** | **Roll No.** | **Subject** | **Score**  **where applicable** | **Encl. No.** |
|  |  |  |  |  |  |  |

**List OF ENCLOSURES:** *(please attach self attested copies of certificates, sanction orders, papers etc. wherever necessary)*

1.

2.

3.

4.

5.

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9.

10.

**DECLARATION**

I,…………………………………………………S/o or D/o…………………………………… hereby declare that the information given above by me are complete, correct and authentic. In case of concealment/suppression detected, of any facts, my application is liable to be rejected/employment terminated, as the case may be, without any notice or compensation.

Date: Name & Signature of the Applicant

Place:

**RECOMMENDATION OF EMPLOYER, IF IN SERVICE**

Dr./Shri/Smt./Km……………..……………………..……..………………….……………..is working as ……………………..……………………………………………… in this institution. His/her application form is hereby forwarded. In case he/she is appointed for, I would have no objection to relieve him/her to join the said post.

Place: Signature of the head of the institution

Date : Full name & Designation with seal