



# 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: -----		<b>PASTE RECENT PASSPORT SIZE PHOTOGRAPH WITH CROSS SIGNATURE</b>		
Post Applied For :-----Subject/School :-----				
<b>For office use only</b> Date of Receipt :     /     /2026 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

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

## Academic Qualifications

Examination	Name of the Course	Name of the Board/ University	Year of Passing	Percentage of marks obtained	Division/ Grade	Subject	Encl. No.
10 <sup>th</sup> 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.					
<i>Note : Whether Ph.D./D.Phil. awarded as per UGC Regulation- (if yes, Please give documentary proof)</i>				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.
- 6.
- 7.
- 8.
- 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:  
Applicant  
Place:

Name & Signature of the

**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:  
Date :

Signature of the head of the institution  
Full name & Designation with seal