

दक्षिण बिहार केन्द्रीय विश्वविद्यालय CENTRAL UNIVERSITY OF SOUTH BIHAR

(Established under Central Universities Act, 2009)

Note: Applicant should download this form (Word file), type in relevant information (Hand written applications shall be rejected) with given format, take print out, endorse signature and submit the printout with relevant enclosures. Information supported by enclosures only shall be considered otherwise the application is liable to be rejected.

		(For office use only)	
	Date of Receipt of Apple	ication: Application Form No	
Dem	and Draft No	Issuing Bank & Branch	Amount
1.	(a) Position applied for	:	
	(b) Post Code	:	Please affix recent
2.	Name of the Department	:	Passport size coloured
3.	Name of the Candidate	:	photograph duly self-attested
4.	Date of Birth/Age in year (Year/month	rs:/ n/days)	
5.	Sex (M/F)	:	
6.	Father's Name	:	
7.	Mother's Name	:	
8.	Address	:	
	(a) Correspondence	:	
	(b) Permanent	:	
	(c) Telephone	: (d) E-Mail :	
9.	Marital Status	:	
10.	Spouse Name (if married)):	
11.	Nationality	÷	
12.	Category (Gen/SC/ST/OF	3C/PWD):	
13.	If, Physically Disabled, (a) indicate category	y (OH/VH/HH) :	
	(b) % of disability	·	v to be enclosed)



14.	Academic Qualifications	:	
	(Starting from High School)		

Class/Degree	Name of the Institute	Board/University	Year Admitted	Year Completed	Percent age/CG PA	Rank/ Distinction (If any)	Subjects	Annexu No.
Research	Degree(s)	:				(Anne.	xure No	
Name of Degree	Specialization	Institution/University	y Status	Ph.D. Degro per UGC Ro or 2010 (cify whether ee awarded a egulation 200 (In Case of nd Awarded	Thesis submission	Date of Award of Degree	Title o Thesis
Whether a	a project was undert (If	aken at PG/M.Phil. yes, the details then		:				
Whether of	qualified NET/NET	-JRF/SLET etc. con	ducted by U	JGC/CSIR/I	CAR/State	?: (Anne	xure No	
	Туре		Ag	ency Name			Year	

.....



19.	Referees Details	

Name of Referee	Designation	Office Address	Email	Telephone/Mobile No.	Professional Relationship

20.	Present Employment	:	(Annexure No)
-----	--------------------	---	---------------

Employer's Name	Status of Organization/I nstitution/Univ ersity	Designation	Period From- To	Pay	Pay Scale (In case of Grade pay)	Gross Pay	Nature of Employment (Permanen t/Temporar y/Contract/ Adhoc)	Nature of Work	Place	

21.	Teaching/Professional/Research Employment		(Annexure No.
41.	reaching/r foressional/Research Employment	•	(Affication Two.

Employer's Name	Status of Organization/ Institution/U niversity	Post Held	From	То	Pay	Pay Scale (In case of Grade Pay)	Nature of Employment	Nature of Work	Reason for Leaving

22. Teaching experience as Post-Doctoral/Sr. Resident/Service Sr. Resident/Pool Officer etc.: (Annexure No. _____)

Employer's Name	Status of Organization/Institut ion/University	Post Held	From	To	Pay	Pay Scale (In case of Grade Pay)	Nature of Employment	Nature of Work



Awa	ard Type		Award Name					g Instituti	Awarding Institution or Body				Date			
Membershi	ip of Profe	ssional Boo	dies:							(Anne	xure No	•				
Nan	ne of body		Тур	e of membe	ership		Date	e of memb	pership		Posi	itions he	eld			
	, and the second															
Research p	aper publi	shed in Pro	fessional	/Scientifi	c Journa	als :										
Research p Journal/Publi cation Type	aper publi Name of Journal/ Publicat ion	Ii the journal as per UGC specified list (Y/N)		of Published Title of Published Work		From Page	To Pag e No.	Date of Publi catio n	Impact factor in case of referred journal	Aut hors hip	Self- Asses sment score of API	Ann exur e No.	Assent o			
Journal/Publi	Name of Journal/ Publicat	Ii the journal as per UGC specified	Details of ISSN/I SBN/R of No. (If	of Publishe Title of Publis hed	ed Work Vol. and	From Page	Pag e	of Publi catio	factor in case of referred	hors	Asses sment score of	exur e	nt o Scr			
Journal/Publi	Name of Journal/ Publicat	Ii the journal as per UGC specified	Details of ISSN/I SBN/R of No. (If	of Publishe Title of Publis hed	ed Work Vol. and	From Page	Pag e	of Publi catio	factor in case of referred	hors	Asses sment score of	exur e	nt o			
Journal/Publi	Name of Journal/ Publicat	Ii the journal as per UGC specified	Details of ISSN/I SBN/R of No. (If	of Publishe Title of Publis hed	ed Work Vol. and	From Page	Pag e	of Publi catio	factor in case of referred	hors	Asses sment score of	exur e	nt o			
Journal/Publi	Name of Journal/ Publicat	Ii the journal as per UGC specified	Details of ISSN/I SBN/R of No. (If	of Publishe Title of Publis hed	ed Work Vol. and	From Page	Pag e	of Publi catio	factor in case of referred	hors	Asses sment score of	exur e	nt o			
Journal/Publi	Name of Journal/ Publicat	Ii the journal as per UGC specified	Details of ISSN/I SBN/R of No. (If	of Publishe Title of Publis hed	ed Work Vol. and	From Page	Pag e	of Publi catio	factor in case of referred	hors	Asses sment score of	exur e	nt o			
Journal/Publi	Name of Journal/ Publicat	Ii the journal as per UGC specified	Details of ISSN/I SBN/R of No. (If	of Publishe Title of Publis hed	ed Work Vol. and	From Page	Pag e	of Publi catio	factor in case of referred	hors	Asses sment score of	exur e	nt o Scr			



26.	Research Publications	Books	Chanter in book	S Other than referred	iournal articles	
∠ ∪.	Research rubileations	DOOKS,	Chapter in book	s, Onici man iciciicu	journal articles	,

	Book Details				rence Books, apters in book				
Level of Publication (National/Inter national)	Text of Publication	Whether having ISBN No.	Name & address of Publisher	Title of book	Title of Chapter (If applicable)	Authorship	Self- Assessmen t Score of API	Annexu re No.	Assessment of API by Screening Committee

27.	Research Projects (for type, status and nature of project refer shortlisting guidelines):		
		(Annexure No.)

Туре	Status	Nature of Project	Title of Project	Capacity	Name of Funding Agency	Value of Project (In Lakh Rs.)	Duration of Project (in months)	Self- Assessment API Score	Assessment of API by Screening Committee

28.	Research Projects	Output/Outcome	(for type, de	etail of outr	out and status refe	r shortlisting	guidelines)	
-0.	1 Cocurcii i i o occio	Output Outcome	(IOI LYPO, UI	cian or outp	out and status force	i biioi mbung	Zuiuciiics/	

(Annexure No. _____)

Туре	Detail of Output	Name of Agency	Capacity	Status	Validity from	Validity to	Value Earned (Rs. In Lakh))	Self- Assessment API Score	Assessment of API by Screening Committee



29. Research Guidance :

30. Training Courses and Conference/Seminar/Workshop :

Type of Degree	Name of Degree	Capacity of Guidance	Status	Number	Self- Assessment API Score	Assessment of API by Screening Committee

Туре	Duration (in weeks)	Self-Assessment API Score	Details of Training Course	Assessment of API by Screening Committee

(Annexure No. _____)

31	Participation in Conference/Seminar/Symposia/Workshop	•	(Annexure No)

Type of participation	Status	Title of Paper	Date	Self-Assessment API Score	Whether Published in form of Proceeding of the Conference	Assessment of API by Screening Committee



Name of the Event	Category	Date	Venue	Sponsoring	Role as Organize
				Agency	
. Whether any Ad			d Journal (details	(Anne:	xure No.
					xure No
. Whether any Ad		c carried out (Y/N)		(Anne:	xure No
. Whether any Ad		c carried out (Y/N)		(Anne:	xure No
. Whether any Ad		c carried out (Y/N)		(Anne:	xure No
. Whether any Ad		c carried out (Y/N)		(Anne:	xure No
Capacity S. Statement about	work done (teach	Nature of work		(Anne:	xure No
Capacity	work done (teach	Nature of work		(Anne:	xure No
Capacity Statement about	work done (teach	Nature of work		(Anne:	xure No
Capacity Statement about	work done (teach	Nature of work		(Anne:	xure No
Capacity Statement about	work done (teach	Nature of work		(Anne:	xure No
Capacity Statement about	work done (teach	Nature of work		(Anne:	xure No
Capacity Statement about	work done (teach	Nature of work		(Anne:	xure No



36.	Brief statement on your philosophy about teaching:-		
37.	Statement about proposed Research/Professional activity a like to develop your department and your area of interest:		ıld
38.	Have you ever been punished during your		
	studies at College/University? (Y/N)	:	
39.	Have you ever been punished during your service or convicted by a court of law? (Y/N)	:	
40.	Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Y/N)	:	
41.	Do you have any case pending against you in any court of law? (Y/N)	:	
42.	Declaration to be signed by the Candidate	:	
	I hereby declare that the information given by me in the A	pplication is true, complete and correct to the best of	my
	knowledge and belief and that nothing has been conce-	aled or distorted. If at any time, I am found to ha	ive
	concealed/distorted any information or given any false s		be
	summarily rejected/terminated without notice or compensat	ion.	
Dat	e:	Signature of the applicant	
Di			`
Plac	ce:	(Name of the Applicant)



43. Forwarding letter from present employer of the applicant.

Forwarded with the remarks that Shri/Ms			is working in th
organization in the capacity as	from	to	
and the institution/organization has no objection to	o the candidature of the a	pplicant being co	nsidered for the po
applied for as above.			
Place :	-	CT 1	C.I. T
	,	Signature of Head	of the Institution
Date:	N	ame :	
Fax:	D	esignation:	
E-mail:	A	ddress :	
	_		
	_		
		(Ruhh	er Stamn)