FormNo.

# GURUANGADDEVVETERINARYANDANIMALSCIENCESUNIVERSITY,LUDHIANA

AcknowledgmentofReceiptofApplicationForm (Exceptthesignature,resttobefilledinbythecandidate)

Receivedapplicationformforpostof\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from\_\_\_\_\_\_\_\_\_\_\_\_\_\_son/daughter/wifeof

Shri \_

Signatureoftheofficialreceivingtheapplication

Seal/Stampoftheoffice Dateofreceipt

# ONINDIAGOVERNMENTSERVICE Stamp

tobeaffixedhereforRs.*5/-*

To

***Despatcher***

**0/oTheRegistrar**

**GuruAngadDevVeterinaryand**

**AnimalSciencesUniversity,Ludhiana**

**GURUANGADDEVVETERINARY**&**ANIMALSCIENCESUNIVERSITY LUDHIANA- 141004**

**APPLICATIONFORM**

(ForOfficers,Teaching,ResearchandExtensionEducationPosts)

**BEFOREFILLINGINTHEFORM,PLEASEREADTHEINSTRUCTIONS/QUALIFICATIONS CAREFULLY**

Arecentpassportsize

colourphotograph

ofthecandidate(dulysigned)mustbe

pastedhere.

1. (a)Fullnameofthepostappliedfor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b)Advt.No.\_\_\_\_\_\_\_\_\_\_\_ Sr.No.ofthepost appearedin Newspaper.

1. NameinFull(inblockletters)
2. Presentpostaladdresswithpincode(inblockletters) Candidatefromabroadmaystatewhenhe/sheis

likelytocomebacktoIndiaandgivehis/herpostaladdressinIndia

4. E-mail/Telephone*I*FaxNumber(ifany)

*5.* Permanentaddresswithpincode

1. Father's*I*Husband'sname
2. Mother'sName
3. (a)Dateandplaceofbirth
	1. Nationality
	2. MaritalStatus(married/unmarried)

(ifmarried,indicateifyouhavemorethanonelivingwife) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (a)Mothertongue
	1. Otherlanguageswhichyoucanread,writeorspeak
2. Ifyouareemployed(a)yourpresentdesignation
	1. Nameandaddressofyourpresentemployer
	2. Haveyouobtained thepermissionofyour

presentemployerforsubmittingthisapplication?

(ifyes,attachcertificate)

* 1. Ifselected,pleasestatewhenyou canjoin
	2. Presentpay(givebasicpayandallowancesseparately)

(f) Dateofnextincrement

(g)Minimumpayacceptable

1. Nameandaddressoftworeferees(notrelatedtoyou) (i) to whom you are known

personally.Ifyou are employed, yourpresentemployermustbeoneofthereferees (ii)

  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. DetailsofBankDraftattachedonaccountof

Amount DDNo. \_

prescribedApplicationFee

1. Whetherphysicallyhandicapped

Date

Yes/No

Bank \_

(ifyes,attachacertificateissuedbytheCivilSurgeonoftheplaceofwhichapplicantispermanentresident.It wouldalsobecertifiedintheMedicalcertificatethattheapplicantisotherwisefitfortheposthe/sheisapplyingfor)

1. Detailsofacademicqualifications:
2. GivebelowtheparticularsoftheexaminationspassedfromMatriculation*I*equivalentonwards.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination\* |  |  |  |  |
| NameofSchoolorCollege |  |  |  |  |
| YearofJoining |  |  |  |  |
| YearofPassing |  |  |  |  |
| NameofBoardorUniversity |  |  |  |  |
| MaximumMarks*I*OGPA/OCPA |  |  |  |  |
| MarksOGPA/OCPAobtained\*\* |  |  |  |  |
| Percentageofmarks |  |  |  |  |
| Division |  |  |  |  |
| Subjects |  |  |  |  |
| Position,Distinction,Prize,Scholarship,etc. |  |  |  |  |

 \* Attachcertifiedcopiesofthedetailedmarkscertificates/transcriptsofalltheexaminationspassed.

\*\*PleaseattachacertifiedcopyoftheformulausedbytheuniversityforconvertingOGPA/OCPAintopercentageofmarks.

1. Detailsofresearchworkdonetofulfiltherequirementsofdegree:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NameofdegreeInstitutionPartlyorwhollybyresearchNameandaddressofyourmajor advisor/guide/supervisorFieldofresearchTitleofthesisPeriodspentNo.ofpublicationsbasedonresearchwork(tobe\*markedinthelistofpublicationsunder column15) | From | To | From | To |

1. Details ofotherresearchwork/training which isnot infulfillmentoftherequirements ofadegree (seniorfellowship/postdoctoral-fellowship,etc):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Fieldofresearch
2. Institution
3. Periodspent
4. No.ofpublicationsbased onthisresearch
 | From | To | From | To | From | To |

1. CompletelistofpublicationsgivingSr.No.,Nameofauthor(s)insame order aspublished,year,title,journal'sname,volumeandpagenumbersunderthefollowingheadings.Pleaseattachseparatesheet(s)
2. Originalresearchpapers\*publishedinreferredjournals:
	1. Fullpapers
	2. Researchnotes

(b)Reviewpapers

1. Invitedpapers
2. Fullresearchpaperspublishedintheproceedingsofconferences/symposiaetc.
3. Books/Monographs
4. Bulletins/Manuals
5. Chaptercontributedtowardsbooks
6. Populararticles:
	1. Publishedinjournals
	2. Published innewspapers
7. Others
8. Participationinconferences/symposia/seminars/summerinstitutes/workshopsetc.Pleaseattachlist.

Giveonlythosepapers/articles/booksetc.whichhavealreadybeenpublishedorhavebeenacceptedforpublication



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(d) Have you passed National Eligibility Test (NET) Yes or No

 (Attach Proof)


## 21. Details of leadership in academics/development activities, if any

## 22. Any other information not mentioned above which you think will strengthen your claim for the post applied for. If training or experience in a specialized field is one of the essential or desirable qualifications for the post, please give details (attach separate sheet, if necessary).

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**IDENTITYCERTIFICATE**

Thecertificateshouldbesignedbyanyofthefollowing:-

(i) GazettedOfficerofCentralorStateGovernment;

1. MemberofParliamentorStateLegislature;
2. AssistantProfessor(orequivalent)oraboveand;
3. PrincipalsandHeadmastersofallrecognizedinstitutions.

CertifiedthatlhaveknownShri/Smt./Kumari-------------------------

son/wife/daughterofShri----------------------------forthelast

--------years------monthsandhe/shebearsagoodmoralcharacter.

Signature

(Namein block **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Letters)

Designation

 Address

OfficialSeal/Stamp

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date**\_\_\_\_\_\_**

\*Sr.No. SUMMARY**OFQUALIFICATIONS**

***(Submit8copies)***

Name of the Post \_

Scaleofpay Salary demanded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name,dateofbirth,address&Present employment | AcademicQualificationsandTraining | Research/Teaching/Extension EducationExperience | \*\*\*No.ofpublications |
| Exam. | Year | University/Board | %age | Division/Grade/Position | Designation/Capacity\*\* | Period |
| Degree | From | To | Total |
| Name:Dateofbirth:Address:Presentpost:Scaleofpay:Salaryandallowances:Employer: |  |  |  |  |  |  |  |  |  | (a)(b)(c)(d)(e)(f)(g)(h) |
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 \* Theserialnumberistobefilledinbytheoffice.

\*\* Ifresearchwascarriedonasastudent,preparingforadegree,mentionthedegreealsointhiscolumn.Incaseresearchwasdoneinthecapacityofateachergivedesignation.

\*\*\*Pleaseseeitem15oftheapplicationformfordetails.Theinformationgivenhereshouldtallywiththeinformationunderitem 15.Differentkindsofpublicationsare(a)Originalresearchpapers publishedinreferredjournals,(b)Reviewpapers,(c)Invitedpapers(d)Fullresearchpaperpublishedintheproceedingsofconferences/symposiaetc.,(e)Books/Monographs,(f)Bulletins/Manuals(authored/edited),(g)Chaptersinbooks,(h)Populararticlesand(i)Others

(Contd.)

***(Submit 8 copies)***


## Degree or others.

. It should be clearly mentioned whether the publication relate to Master's Degree/Ph.D.

