

## Aliah University

## **Application Form**

Paste recent Photograph here and sign across

				PLICATIO				
Amount(Rs.) Transaction no./Receipt n	Acknowl	edge no	)			Date		
Post Applied for				Dept:				
Advertisement No. with date:								
Name of the Application in fu (BLOCK LETTERS)	ll:		 st)		(Secon			(Last)
Contact details (i) Address (a)Permanent:								
(b)Address for Communication	on:							
(ii)Email								
(iii) Phone (Mobile):				Resi	/Office			
Date of birth (DD/MM/YYYY)				Age:			(As on 0	1.01.2021
Nationality by Birth					At	Present.		
Sex (Please Tick): Male / I	Female/	Transg	ender					
(a)Marital Status (Please Tick	x): Marri	ied/Uni	married	d (b)Name	e of Spous	e (if mar	ried)	
Category (Please Tick)	GEN	SC	ST	OBC-A	OBC-B	PD		
Parents Name:								

12	Acadomi	ic Records
1.7.	Academi	ic Records

12. Academic Records:	T	T	T	T	
Examination/Degree	Board / Council/	Duration of	Division /	Subjects /	Specialization(s)
	University	the Course &	Class with	Discipline	
	/Other	Year of	% of		
	Examination	Passing	Marks		
	Body	_			
10 <sup>th</sup> Standard					
12 <sup>th</sup> Standard					
Graduation					
(Honours/Major)					
M.A/M.Sc./ME/M.Tech					
(UGC/AICTE/NCTE/ Co A/PCI					
recognized) (In the subject					
as per advertisement)					
Ph. D. Arts/Science/Tech./					
Engineering					
Liigiileeiilig					
M. Phil (2 years Course)					
ivi. Filli (2 years course)					
UGC					
NETJRF/CSIR/AICTE/Institute					
Fellowship/GATE/SET					
Any Other					

<sup>\*</sup>State the name of the degree (such as B.A/B.Sc./B. Tech, M.A/M.Sc./M.E/M.Tech etc), Honours/ Major subjects in case of graduation and subject/discipline and area of specialization in case of post-graduation and for higher degrees obtained.

13. Particulars of experience in reverse Chronological order (starting from present employment)

13. Tarticulars of experience in reverse chronological order (starting from present employment)						
Name of the	Name of the Position	Scale of Pay			Nature of	Reason of
Organisation	Held			Held & Other From To (Date) Work	Work	leaving
	(Permanent/tempor			(Date)	To (Bute)	
	ary		(Date)			
	/contractual					
	/ contractual					

a) Prestigious Honours and Award received with name of awarding agency/government and year												
(Should be reco				agencies	or th	ne depart	ments/ag	gencies (	of nation	nal,	'state	
b) Post Doctoral Fellowship of at least 2 months duration received and availed of: (document to be attached)												
Name of the Fel	lowship	Fundin	g Agency	y/Institut	te	Host In	stitution		Period	<u>l</u>		
c) Research pro organization of (document to be	National a	and Intern										
Title of the Proj		nding Age titute	ency /	Period			Comple	ted/ On	-going	Aı	Amount	
	IIIs	titute										
Use additional s	sheet if ne	cessary										
d) Consultancy (documents t			:/ongoin	g (State V	Whet	ther Sole,	Principle	or Co Co	nsultan	t)		
Title of the	Funding		Period		Cor	mpleted/	Ongoing		rinciple		Amount	
Project	Agency/	Institute						Co-Co	nsultant	· -		
Use additional S	Sheet if ne	cessary										
e) Number and	details of	Patents/T	echnolo'	gy Trans	fer:							
(List details with year in an additional sheet; documents to be attached)												
f) Number of Policy documents for Government Bodies at Central & State Level												

14. **Research Activity (**Document to be produced)

g) Research Superv • Number of I	ision: M.E./M.Tech/ thesis awa	rded					
Sole Superv (Details of n	isionJ name student, title of thes	oint Supervisionsis, year etc should be g	iven in an additional s	 sheet)			
Sole Superv	Ph. D thesis awarded isionJame student, title of thes	oint Supervisionsis, year etc should be g	iven in an additional s	sheet)			
Sole Superv	Ph. D thesis submitted isionJoanne student, title of these		iven in an additional s	sheet			
h) Training Courses Title of the Course	Nature of the Course (Workshop/Refresher Course/Others)	Course attended/organi Sponsoring/Funding Agency		attached) Host/Organized			
i) Number of Paper	presented in conference	 /Seminar (by self or by	co-authors)				
• Internation	al						
National/State Level							
certificates must be paper presented in	title of the paper, year a be attached. Otherwise n a conference/semina nly under Publications.	no credit shall be give r is published in the fo	n to the numbers cla	aimed above; 2) If a			
j) Number of Invited lectures (including Refresher Courses, Training Courses, Orientation, Programme)  • International							
National/State Level (list details with title of the paper, year and host institutions in an additional sheet)							

a) Journal Publications:  (i) Number of papers in UGC-CARE listed Journal:
Sole author
Co-authored: Two/three co-authored papers
Four or more co-authored papers
(ii) Number of papers in Refereed Journal:
Sole author
Co-authored: Two/three co-authored papers
Four or more co-authored papers
(iii)Number of papers in other academically recognized and reputed journals:
<ul> <li>Sole author</li> <li>Co-authored: Two/three co-authored papers</li> </ul>
Four or more co-authored papers
b) Books/Monographs:
(i) Number of Monographs published by International Publishers with an established peer review system:
Sole author
Co-authored: (State number of co-authors)  (ii) Number of Monographs published by national level Publishers with ISBN/ISSN numbers:
Co-authored: (State number of co-authors)
(iii) Number of Reference Books/Textbooks published by International Publishers with an established peer review system:
Sole author
Co-authored: (State number of co-authors)
(iv) Number of Reference Books/Textbooks published by national level Publishers with ISBN/ISSN numbers:
Sole author
Co-authored: (State number of co-authors)
c) Number of Chapters contributed (published) in Edited Volumes published by  (i) National Publishers:
• Sole author Co-authored:
Two co-authored papers  Three or more co-authored papers
(ii) International Publishers:
Sole author
Co-authored:
Two co-authored papers
Three or more co-authored papers  Page: 5/

15. **Publication** (details of all publication should be listed in additional sheet with copies of first/Title page being attached; otherwise no credit shall be given to the numbers stated below)

d) Numb	er of books pub	lication (edited volume)	with ISBN							
	(i) Published	l by national publisher:								
	• Sole autho	r								
	• Co-author	Co-authored:(State number of co-authors)								
	(ii) Published	l by international publish	er:							
	Sole author	r								
	• Co-author	ed: (State number of co-a	uthors)							
e) Numb	er of conference	e / seminar publication (	(proceedings) with full pape	ers with ISBN						
	(iii) Published	l by national publisher:								
	Sole author	or								
	• Co-author	ed:	(State number of co-author	rs)						
	(iv) Published	l by international publish	er:							
		1								
			uthors)							
16 Name		ails of two referees	,							
Name	t una dontact act	Profession/Position	Institutional Affiliation	Address and Contact						
17. Addit	tional Remarks, if	any (such as member of t	he Editorial of reputed Journa	l), if any:						
that ina		st of my knowledge the ling or untrue statemer	claration information given is true a nts or knowingly withheld i							
Date:										
Place:				Signature of the Applicant						
Enclose t	the following test	imonials (Self-attested) w	vith the <b>original Application</b> l	Form:						
2) Photo 3) Photo 4) Photo	copies of all testir copies of Particula	vide Serial No: 5 tificate vide Serial No: 9 nonials – vide Serial No: 1 ars of experience vide Ser ions vide Serial No: 15								

Application sent in any other format is liable to be rejected.

N.B. - Write NA against the Serial No. which is not applicable.