

Aliah University

Application Form

Paste recent Photograph here and sign across

	PARTICULARS OF DEMAND DRAFT								
	Amount (Rs.):D.D. No.:Date of Issue:								
	Name of the Bank	with Br	anch						
1.	Post Applied for				Dept:				
2.	Advertisement No. with date:	:							
3.	Name of the Application in fu (BLOCK LETTERS)	ll:		 st)		(Secon			 (Last)
4.	Contact details (i) Address (a)Permanent:								
	(b)Address for Communication	on:							
	(ii)Email								
	(iii) Phone (Mobile):								
5 .									
	Date of birth (DD/MM/YYYY)Age:Age:(As on 01.01.201								
5.	Nationality by Birth At Present At Present								
7.	Sex (Please Tick): Male / I	Female/	Transg	ender					
3.	(a)Marital Status (Please Tick	x): Marr	ied/Un	marrie	d (b)Name	e of Spous	e (if ma	rried)	
9.	Category (Please Tick)	GEN	SC	ST	OBC-A	OBC-B	PD		
		GLIT	53	01	ODG II	ODG D	1.0		
10.	Parents Name:								
1 1	1								

12. Academic Records:

Examination/Degree	Board / Council/ University /Other Examination Body	Duration of the Course & Year of Passing	Division / Class with % of Marks	Subjects / Discipline	Specialization(s)
10 th Standard					
12 th Standard					
BE/B.Tech					
ME/M.Tech					
Ph. D. Tech./ Engg.					
UGC NET- JRF/CSIR/AICTE/Institute Fellowship/GATE/SET					
Any Other					

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

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Name of the	Name of the Position	Scale of Pay	Duration		Nature of	Reason of	
Organisation	Held	& Other	From To (Date)		Work	leaving	
	(Permanent/tempor	Allowances		To (Date)		_	
	ary		(Date)				
	/contractual						
	,						

14. Research Activity (Document to be produced)													
a) Prestigious Honours and Award received with name of awarding agency/government and year													
(0) 111		11						. ,		c			
(Should be reco	_	-			agencies	or tr	ie depart	ments/ag	gencies (of natioi	nai/	state	
b) Post Doctoral Fellowship of at least 2 months duration received and availed of: (document to be attached)													
Name of the Fellowship Funding Agency/Institute Host Institution Period													
a) Dagaarah pro	nio ata	carria	d out/or	agoing fu	ndod by	gove	rnmont f	iundina a	gongies	/industr	cioc	or	
c) Research pro organization of			-		-	_		_					
(document to b			ding Age	ncy /	Period			Comple	ted / On	-going	Δr	nount	
Title of the Fro	jeet	Insti		illey /	1 CHOU			Compic	ccu/ Oii	going	Al	ilouiit	
Use additional	sheet	if nece	essary					l			ı		
d) Consultancy (documents				/ongoin	g (State I	Whet	her Sole,	Principle	or Co Co	nsultan	t)		
Title of the	Fun	ding		Period		Cor	npleted/	Ongoing				Amount	
Project	Age	ncy/Ir	nstitute						Co-Cor	<u>ısultant</u>	;		
Hee additional	Choot	ifnoc	accaru										
Use additional			-										
e) Number and	detail	s of Pa	atents/T	'echnolo	gy Trans	fer:							
	(List details with year in an additional sheet; documents to be attached)												
f) Number of Po (list details w	-								evel				

g) Research Superv • Number of I	ision: M.E./M.Tech/ thesis awa	rded							
Sole Superv (Details of n	isionJ name student, title of the	oint Supervision_ sis, year etc should be g	iven in an additional s	sheet)					
 Number of Ph. D thesis awarded Sole Supervision Joint Supervision (Details of name student, title of thesis, year etc should be given in an additional sheet) 									
Sole Superv	Ph. D thesis submitted ision J ame student, title of these			sheet					
h) Training Courses Title of the Course	/Workshop/Refresher Course (Workshop/Refresher Course/Others)	Sponsoring/Funding		attached) Host/Organized					
i) Number of Paper	presented in conference	/Seminar (by self or by	co-authors)						
• International									
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					
	d lectures (including Refi		_						
	ate Level with title of the paper, ye								

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)
a) Journal Publications: (i) Number of papers in Refereed Journal:
Sole author
Co-authored: Two/three co-authored papers
Four or more co-authored papers
(ii) Number of papers in recognized and reputed Journals:
Sole author
Co-authored: Two/three co-authored papers
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:
Sole author
Co-authored: (State number of co-authors)
(iii) Number of Refence 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 in Edited Volumes published by (i) International Publishers:
Sole author
Co-authored:
Two co-authored papers
Three or more co-authored papers
(ii) National Level Publishers:
Sole author
Co-authored:
Two co-authored papers
Three or more co-authored papers

d) Number of Education published by publishers with ISSN/ISBN numbers:								
Sole author								
Co-authored: (State number of co-authors) e) Number of Full Published Paper details:								
 Sole autho 	r							
• Co-author	ed: (State number of co-au	thors)						
	•	,						
16. Name and Contact deta	•	Institutional Affiliation	Address and Contact					
Name	Profession/Position	Institutional Affiliation	Address and Contact					
17. Additional Remarks, if	any (such as member of th	ne Editorial of reputed Journa	l), if any:					
	Dec	laration						
		information given is true a ts or knowingly withheld i						
termination of my candi	_							
Date:								
Place: Signature of the Applicant								
Enclose the following testimonials (Self-attested) with the Application Form :								
1) Photocopy of Age Proof vide Serial No: 5								
2) Photocopy of Caste Certificate vide Serial No: 9 3) Photocopies of all testimonials – vide Serial No: 12								
4) Photocopies of Particulars of experience vide Serial no: 13								
5) Photocopies of publications vide Serial No: 156) 6 (six) sets of application form with 1 (one) set of testimonials.								
N.B Write NA against the Serial No. which is not applicable.								

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

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