

Aliah University

Application Form

Paste recent Photograph here and sign across

	PARTICULAR OF DEMAND DRAFT								
	Amount (Rs.):D.D. No.:Date of Issue:								
	Name of the Bank v	vith Bra	anch						
1.	Post Applied for					De	ept.:		
2.	Advertisement No. with date:								
3.	Name of the Applicant in full: (BLOCK LETTERS)		(Fir			(Secon			 ast)
4.	Contact details (i) Address (a) Permanent								
	(ii)Email:								
	(iii) Phone (Mobile):					Re:	si/Office		
5.	Date of birth (DD/MM/YYYY)				Age	:		(as on 01.	01.2019
6.	Nationality								
7.	Sex (Please Tick) : Male / F	emale/	Transg	ender					
8.	(a)Marital Status (Please Tick	x): Marr	ried/Un	marrie	d (b)Nam	e of Spous	se(if married	d)	
9.	Category (Please Tick)	GEN	SC	ST	OBC-A	OBC-B	PWD/PC		
10.	Parents Name								
11.	Languages Known:								

12.	Acade	mic R	aco	rde
1 Z.	ALAUE	HIIIC. N	vec.u	1117

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

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

Name of the	Name of the	Scale of Pay		ation	Nature of	Reason		
Organisation	Position Held				From	To (Date)) Work	of
	(Permanent/tempor	Allowances	(Date)			leaving		
	ary							
	/contractual							
	•							

14.	Research Activity	(Document to be	producedj
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a) Prestigious Honours and Award received with name of awarding agency/government and year	

(Should be recognized by the international agencies or the departments/agencies of national/state government; documents to be attached)

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

c) Research projects carried out/ongoing funded by government funding, agencies/industries or organization of National and International repute (State Whether Sole, Principal or Co-Investigator) (document to be attached)

Title of the Project Funding Agency / Period Completed / On- Amount going

Use additional sheet if necessary				
d) Number and details of Patents/Technology Transfer:				
e) Number of Policy documents for Government Bodies at Central & State Level				

f) Training Courses/Workshon/Refresher Course attended/organized (documents to be attached)

f) Training Courses/Workshop/Refresher Course attended/organized (documents to be attached)					
Title of the Course	Nature of the Course	Sponsoring/Funding	Duration of the	Host/Organised	
	(Workshop/Refresher	Agency	Course (State also		
	Course/Others)		whether attended		
			or organized)		

g	Number of Paper	presented in conference	/Seminar (1	by self or by	co-authors)	
5	i i antinoci di i apci	presented in connectence	/ DCIIIIIIai (i	by sell of b	y co auditors;	

(list details with years in an additional sheet; documents to be attached)

•	International	
•	mice mational.	

National/State Level......

(Note 1) List with title of the paper, year and host institution in an additional sheet, Participation certificates must be attached. Otherwise no credit shall be given to the numbers claimed above; 2) If a paper presented in a conference/seminar is published in the form of Proceedings or Edited Volume, it should be listed only under Publications.)

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) Sl. Name of the UGC Listed/ Title of Volume and Single Author/ Remarks Journal Co-Author No. Paper /Book International Year of Publication 16. Name and Contact details of two referees: Profession/Position **Institutional Affiliation Address and Contact** Name 17. Additional Remarks, if any (such as member of the Editorial of reputed Journal), if any: **Declaration** I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of my candidature. 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: 15 6) 6 (six) sets of application form with 1 (one) set of testimonial.

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