



दक्षिण बिहार केन्द्रीय विश्वविद्यालय

CENTRAL UNIVERSITY OF SOUTH BIHAR

[Established under Central Universities Act, 2009]

Note: Applicant should download this format (Word file) and fill all the relevant fields/information's (type/handwritten) in given format, 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 Application: _____ Application Form No. _____

Fee Details (DD) No. Name of Bank Amount Date

1. (a) Position applied for with Specialization :
- (b) Post Code :
2. Name of the Department:
3. Name of the Candidate :
4. Date of Birth/Age in years : /
(Year/month/days)
5. Sex (M/F) :
6. Father's Name :
7. Mother's Name :
8. Address :
- (a) Correspondence :
- (b) Permanent :
- (c) Telephone/Mob : (d) E-Mail :
9. Marital Status/ :
10. Spouse Name (if married) :
11. Nationality :
12. Category (Gen/SC/ST/OBC/PWD) :
13. If, Physically Disabled,
(a) indicate category (OH/VH/HH) :
- (b) % of disability :(Copy to be enclosed)

Please affix recent
Passport size
coloured
photograph duly
self-attested



14. Academic Qualifications :
(Starting from High School)

Name of the Class/Degree	Name of the Institute	Board/University	Year Admitted	Year Completed	Percentage/CG PA	Rank/Distinction (If any)	Subjects	Annexure No.

15. Research Degree(s) : (Annexure No. _____)

Name of Degree	Specialization	Institution/University	Status	Please specify whether Ph.D. Degree awarded as per UGC Regulation 2009 or 2010 (In Case of Doctoral and Awarded)	Date of Thesis submission	Date of Award of Degree	Title of Thesis

16. Whether a project was undertaken at PG/M.Phil. level (Y/N) :
(If yes, the details thereof)

17. Whether qualified NET/NET-JRF/SLET etc. conducted by UGC/CSIR/ICAR/State? : (Annexure No. _____)

Type	Agency Name	Year

18. Extracurricular interests :
.....
.....
.....
.....



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/Institution/University	Designation	Period From-To	Pay	Pay Scale (In case of Grade pay)	Gross Pay	Nature of Employment (Permanent/Temporary/Contract/Adhoc)	Nature of Work	Place

21. Teaching/Professional/Research Employment : (Annexure No. _____)

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



23. Details of Professional Recognitions, Awards, Fellowship, Honours Received: (Annexure No. _____)

Award Type	Award Name	Awarding Institution or Body	Date

24. Membership of Professional Bodies: (Annexure No. _____)

Name of body	Type of membership	Date of membership	Positions held

25. Professional development, Co-curricular and extension activities:

(Annexure No. _____)

- a. Student related co-curricular, extension and field based activities (such Cultural exchange and Library services programmes (various levels of intramural and extramural programmes, extension, library-literary work through different channel.

Nature of activities	Type of membership	Date of membership	Actual hours spent per academic year	Self-assessment score of API	Annexure No.	Assessment of API by Screening Committee

- b. Contribution to Corporate life and management of the library units and institution through participation in library and administrative committees and responsibilities.

Nature of activities	Type of membership	Date of membership	Actual hours spent per academic year	Self-assessment score of API	Annexure No.	Assessment of API by Screening Committee



- c. Professional Development activities (such as participation in seminars, conferences, short term, e-library training courses, workshops and events, talks, lectures, membership of associations, dissemination and general articles not covered in Sl. No. 31 to 33)

Nature of activities	Type of membership	Date of membership	Actual hours spent per academic year	Self-assessment score of API	Annexure No.	Assessment of API by Screening Committee

26. Research paper published in Professional/Scientific Journals :

Journal/Publication Type	Details of Published Work								Impact factor in case of referred journal	Authorship	Self-Assessment score of API	Annexure No.	Assessment of API by Screening Committee
	Name of Journal/Publication	List the journal as per UGC specified list (Y/N)	ISSN/ISBN/Ref No. (If any)	Title of Published Work	Vol. and No.	From Page No	To Page No.	Date of Publication					

27. Research Publications (Books, Chapter in books, Other than referred journal articles) ;

Book Details			Detail of Text or Reference Books, Subject Books and Chapters in book			Authorship	Self-Assessment Score of API	Annexure No.	Assessment of API by Screening Committee
Level of Publication (National/International)	Text of Publication	Whether having ISBN No.	Name & address of Publisher	Title of book	Title of Chapter (If applicable)				



28. Research Projects (for type, status and nature of project refer shortlisting guidelines) :

(Annexure No. _____)

Type	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

29. Research Projects Output/Outcome (for type, detail of output and status refer shortlisting guidelines) :

(Annexure No. _____)

Type	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

30. Research Guidance :

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



31. Training Courses and Conference/Seminar/Workshop :

(Annexure No. _____)

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

32. 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

33. Conference/Workshop/Training programme/Refresher/Orientation programme organized or attended :

(Annexure No. _____)

Name of the Event	Category	Date	Venue	Sponsoring Agency	Role as Organizer



34. Whether Editor or Member of Editorial Board of Referred Journal (details) :

35. Whether any Administrative work carried out (Y/N) :
(Annexure No. _____)

Capacity	Nature of work	Duration in years

36. Statement about work done (teaching and/or other professional activities related to the discipline) so far and significance of the professional contribution :

37. Brief statement on your philosophy about teaching/professional:-

38. Statement about proposed Research/Professional activity and brief outline of proposal. If selected, how you would like to develop your department and your area of interest :



39. Have you ever been punished during your studies at College/University? (Y/N) :
.....

40. Have you ever been punished during your service or convicted by a court of law? (Y/N) :
.....

41. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Y/N):.....

42. Do you have any case pending against you in any court of law? (Y/N) :

43. Declaration to be signed by the Candidate :

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

Date:- _____

Signature of the applicant

Place:- _____

(.....)
Name of the Applicant

44. Forwarding letter from present employer of the applicant.

Forwarded with the remarks that Shri/Ms. _____ is working in this organization in the capacity as _____ from _____ to _____ and the institution/organization has no objection to the candidature of the applicant being considered for the post applied for as above.

Place : _____

Signature of Head of the Institution

Date: _____

Name : _____

Fax: _____

Designation : _____

E-mail : _____

Address : _____

(Rubber Stamp)