



CENTRAL UNIVERSITY OF KASHMIR

Transit Campus: Sonwar, Near GB Pant Hospital, Srinagar – 190 004 (J&K)

Phone: 0194-2468354, 2468357, Website www.cukashmir.ac.in

APPLICATION FORM FOR CONTRACTUAL ENGAGEMENT OF TEACHERS

Name of the post applied for.....

Department.....

Advt. No.....Date.....

DD No.....Dated.....Drawn on (bank).....

PASTE HERE A
SIGNED COPY OF
YOUR RECENT
PASS-PORT SIZE
PHOTOGRAPH

A. General Information:

1. Name in Full.....
(IN BLOCK LETTERS)

2. Father's Name.....

3. Date of Birth: DayMonth.....Year.....
(As recorded in the Matriculation or equivalent certificate)

4. Sex: Male Female

5. Husband's Name (in case of married Women).....

6. In case you belong to a reserved category, please mention the same.

7. Permanent Address

PIN CODE.....Phone No.....Cell

Address for correspondence

.....PIN CODE.....

Email ID (Mandatory).....

B. Educational Qualifications:

Exam. Passed	Board/ University	Year of Passing	Marks		% of marks	Class/Div/ Grade	Subjects
			Obtained	Out of			
Bachelor's degree							
Master's Degree							
M.Phil							
Ph.D							
NET/SLET							
Any other Qualifications							

C. Teaching/Research/Technical/Administrative Experience (If any).

Designation	Name of the Organization	Scale of Pay		Nature of appointment	Period of service		
		PB	GP		From	To	Period

D. Details of published work (Please attach separate sheet if necessary).

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E. Details of Fellowship and membership of learned societies, if any:

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F. Number of candidates awarded research degrees under your guidance.

M. Phil..... Ph. D.....

I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false my candidature/appointment is liable to be cancelled/terminated. I further declare that I shall have no claim whatsoever on appointment to the permanent position.

Signature of the Applicant

Place.....

Date