



# DR. HARISINGH GOUR VISHWAVIDYALAYA

(A Central University)  
SAGAR - 470 003, (M.P.), INDIA  
Tele. : +91-7582-265228

## APPLICATION FORM FOR GUEST FACULTY

Advertisement No. and Date \_\_\_\_\_

Post Applied For \_\_\_\_\_ Department \_\_\_\_\_

### Demand Draft Particulars -

Name of the Bank	Draft No.	Date	Value

(Applicant must enclose with application form processing fee of Rs. 500/- for General /OBC category and in the form of Demand Draft drawn in favour of "REGISTRAR" Dr. Harisingh Gour Vishwavidyalaya, Sagar (M.P.) payable at State Bank of India, University, Branch Sagar, Branch Code 1143).

1. Full Name (In Block Letters): \_\_\_\_\_

2. Father's /Husband's Name: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Place of Birth : \_\_\_\_\_

6. Age (as on the last date of the advertisement) \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ days

7. Nationality: \_\_\_\_\_

8. Sex : Male/Female \_\_\_\_\_

9. Marital Status: Married/Unmarried \_\_\_\_\_

10. Category: Gen/SC/ST/OBC/PwD/EWS \_\_\_\_\_

1. Whether SC/ST/OBC/PwD/EWS : 1) Yes \_\_\_\_\_ 2) NO \_\_\_\_\_

(If yes, enclose certificate issued by the competent authority on the format prescribed by Govt. of India)

2. Whether Physically Challenged 1) Yes \_\_\_\_\_ 2) NO \_\_\_\_\_

(If yes, enclose certificate issued by the competent authority on the format prescribed by Govt. of India)

(i) Nature of Disability \_\_\_\_\_

(ii) Percentage of Disability \_\_\_\_\_

10. Address for correspondence (with PIN code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Mob. \_\_\_\_\_

Tel No. (with STD code): \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Affix recent  
Passport Size  
Photograph with  
Signature

11. Permanent Address (With PIN code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Mob. \_\_\_\_\_

Tel No. (With STD code): \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**12. Academic Qualifications (attach attested copies):**

Examination Passed	Year of Passing	Board/ University	% of Marks / Grade	Division	Subject	Remarks
High School						
Intermediate/ Hr. Sec./ 11 <sup>th</sup>						
Bachelor's Degree						
Master's Degree						
Other						
Technical Qualification (If any)						

**13. Research Degree(s): (Attach self attested copies)**

Degree	University	Specific Date of submission of Ph.D. thesis	Specific Date of Award	Title of Work
M. Phil.				
Ph.D./D.Phil.				
D.Sc./D. Litt.				
Other				

(i) Whether Ph.D. awarded as per UGC regulation 2009 YES / NO

(ii) Whether qualified NET/SLET conducted by UGC/ CSIR/ ICAR/ STATE  
(if yes, indicate the date and Subject) \_\_\_\_\_

**14. Special subject of Study or branch of Specialization:**

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\_\_\_\_\_

**15. Prize, Medal, Scholarship and awards received, if any.**

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**16. I) Details of Experience:**

Name of employer	Date of joining	Date of leaving	Position and Nature of duties	Salary and Grade Pay	Reasons for leaving the job, if any

(If the space is not sufficient, please attach a separate sheet.)

**II) Teaching Experience, if any (Indicate period in years):**

Course Taught				Name of the University/ College/ Institution	Duration	Lecturers Undertaken			
UG	PG	M.Phil.	Other			UG	PG	M.Phil.	Other

**III) Paper presented at Seminar/Conference/Symposia/Workshop etc. (Attach Proof):**

Name of the Seminar/ Conference/ Symposia/ Workshop etc./ Title of the Paper	Name of the Sponsoring Agency	Place and Date

**DECLARATION**

I hereby declare that all the entries in this application form are true to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any facts like category or educational qualifications etc. made in my application form I understand that I will be denied any employment in the University and if already employed on any of the posts in the University, my service will be terminated forthwith.

Place:

Date:

**Signature of the Candidate**

**Details of enclosures:**