



DOCTOR HARISINGH GOUR VISHWAVIDYALAYA

(A Central University)
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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 favor of "REGISTRAR" Dr. Harisingh Gour Vishwavidyalaya, Sagar (M.P.) payable at State Bank of India, University, Branch Sagar, IFSC- SBIN0001143).

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 Persons with Benchmark Disability 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 th						
Bachelor's Degree						
Master's Degree						
Other						
Technical Qualifications (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 regulations 2009 or UGC Regulations 2016 or their amendments from time to time YES / NO.
- (ii) Whether qualified NET conducted by UGC or the CSIR or a similar test accredited by the UGC like SLET/SET. (if yes, indicate the date and Subject) _____

14. Special subject of Study or branch of Specialization:

15. International/National Level (Awards given by International Organizations/Govt. of India/Govt. of India recognized National Level Bodies).

16. State Level (Awards given by State Government).

17. I) 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

II) Post Doctoral Experience (if any, indicate period in years) _____

III) Research Publications. (Attach Proof):

Name of the Research Paper	Whether Peer Reviewed or UGC Listed Journals

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 and Name of the Candidate

Details of enclosures: