

For Office use

Application received date

Processing fee (Non-Refundable)

Signature

for SC, ST, Handicapped

- Rs.250

for other applicants

- Rs.500



(Processing Fee to be paid through D.D)

Dr. Babasaheb Ambedkar Open University, Ahmedabad

Application form (Last date of receipt of the application form:- 23/08/2016)

Name of the post applied for :-

(Note: Use a separate application form for each post. Application forms must be filled up by own handwriting. Filled up applications must be sent by Regd. A.D. only)

Paste Recent

Photo

with signature

1. Name of applicant _____
(Surname) (Name) (Father's/Husband's Name)

2. Address:-

(1) For correspondence:

(2) Permanent Address

PIN:- _____ Ph: _____

PIN:- _____ Ph: _____

3. Mobile Number: _____

4. E-mail: _____

5. Mother tongue: _____ 6. Nationality: _____

7. Date of birth: _____ Age as on 23 -08 -2016 : Year _____ Month _____

8. Category:- (Attach recognized certificate for the reserved candidates)

SC [] ST [] SEBC [] Handicapped [] Others []

9. Proficiency in language:

Language

Writing

Reading

Speaking

(1) Gujarati

(2) _____

(3) _____

(4) _____

10. Educational Qualifications:- (from S.S.C.)

Examination	Board / University	Year of passing	Marks/Grade, Percentage	Main subject	Remarks
S.S.C.					
H.S.C.					
Graduation: 1 st Year 2 nd Year 3 rd Year					
Post-Graduation 1 st Year 2 nd Year					

11. Other educational achievements: (Award, Prize, Medal, etc.)

12. Proficiency in Computer (Give details)

13. Details of UGC/CSIR or similarly recognized / NET/ SLET exam, if passed.

Year of examination passed: _____ Regn. No. _____

14. Details of experience:

Name of the Institution	Designation	Pay scale and basic pay as on application date, Grade Pay	Duration	Remarks

15. Educational Experience: (a) Graduation Level - Year _____
 (b) Post-graduation Level - Year _____
 (c) Research/Extension - Year _____
 (d) M.Phil./Ph.D. guidance - Year _____
 (Give details in a separate sheet)

16. Details of Publication and Research work:

S.No.	Title	Year of publication	Publisher	ISBN / ISSN No.	Remarks

(Please use separate sheet if needed)

17. Details of Seminar / Workshop / Orientation / Refresher Course:

S.No.	Name of Institution	Programme	Duration	Whether paper submitted	Category State/ National/ International

(Please use separate sheet if needed)

18. Please give name, address and contact number of two persons for reference.

(1) _____ (2) _____

19. Details of attachments: (Attach self-attested Xerox copies)

- (1) Proof of Date of Birth.
- (2) Certificate of SC/ST/SEBC/Handicapped
Certificate No. _____ Date of Issue of Certificate _____
- (3) Proofs of Educational qualifications
- (4) Experience certificates – If your teaching experience is in a Self Finance Institution, please submit copy of approval of your appointment / profile of the concerned University.
- (5) NET / SLET examination pass certificate
- (6) Details of guidance to M.Phil./Ph.D. category students.
- (7) M.Phil. / Ph.D., Thesis, Titles of Publications.
- (8) Details of Seminars / Workshops / Orientation programme / Refresher Course.
- (9) For position of Professor & Associate Professor : Mandatory requirement
API Score sheet with Cap.
- (10) Others.

20. Other information.

CERTIFICATE

I hereby declare that the information given in the application is true according to my knowledge and belief. I have not given any wrong or incomplete information. I know that in case of any false information is found on my part after my appointment, my service is liable to be terminated without any notice. I have read the instructions given along with the application form and understood the same and I am abide by it.

Date _____

Place _____

(Signature of the applicant)

(For use of Applicants in Employment)

Forwarded with the remarks that the above statements made by the applicant are correct to the best of my knowledge and belief, and this institution / organization has no objection to the candidature of the applicant being considered for the post applied for.

Date: _____

Place: _____

(Signature) _____

Head of the Institution

Designation _____

Address _____

Mobile No. _____