Proforma for applying for the post of Principal/Associate Professor/Assistant Professor/ in the Private Colleges affiliated to University of Jammu, Jammu

	or the Collegeote:-
a.	Submit two copies of this form to the concerned college and send one copy to the office of Director, Colleges Development Council, University of Jammu, Jammu 180 006 by registered post. Paste here you self attested passport size
b.	Separate application forms must be filled for separate posts. **photograph**
c.	Applications received after due date or incomplete are liable to be rejected.
Da	lvertisement No
1.	Application for the post ofin(subject)
2.	Minimum Pay Acceptable
3.	Name (in block letters)
4.	Father's Name(in block letters)
5.	Date of Birth (attach self attested document)
6.	Age as on last date for submission of application form
7.	Present postal address (in block letter)
	Pin Code
	Telephone: Email:
8.	Nationality
9.	Whether belongs to SC/ST/Ex-servicemen/Handicapped (attach proof)
10.	Marital Status
11.	Educational qualification (from Matriculation onwards)
Ex	Year & Marks Percentage Subjects Position in Univ. & College, if any

Examination	Univ./ Board	Year & Month of passing	Marks Obtained / Total Marks	Percentage / Division	Subjects	Position in Univ. & College, if any
Matric		passing	Williams			dily
10+2 /Pre.Med./ Pre. Engg.						
BA/B.Sc./B.Com						
M.Com/M.A/M.S						
c.						
B.Ed.						
M.Ed.						
M.Phill						

		Ì	1	1	ı	1
Ph.D.(with with MSP	n title)					
UGC (NET	T/SET)					
Any other						
(Please Sp	ecify)					
	ch publicat elow ment	ion (separate detai ioned)	led list of publi	cation to be at	tached as Annexu	re, for each
<u>Publicatio</u>	<u>ons</u>			D 11' 1 1	() 1 1	C
				Published	(nos.) Accepted publication	
1. Pape	er in Intern	ational Journals /	Articles			
		n Journals / Article				
<u> </u>		erence/Symposium	ı & Seminars et	c.		
4. Book	as or Chapt	ters in books				
13. (a) Hav	ve vour eve	er been prosecuted	/sentenced by t	the court of La	w, if so give detai	1]?
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					1	
(h) Hay	vo voli ovor	r been dismissed fr	om somioo 2 if s	o givo details)	
(D) 11a	ve you ever	been disinissed in	om service: it s	o, give details		
		mployment in orde	er (Starting with	h most recent j	post held. Attach	
sen atte	estea aocu	ments in support)				
		Date of Joining	Designation	Nature of	Basic Pay	Reason for
		Date of Joining /Leaving	Designation	Nature of Job	Basic Pay P M & grade	Reason for leaving
Name & Ad College/Ins			Designation			
			Designation			
			Designation			
			Designation			
			Designation			
College/Ins	stitution	/Leaving				
College/Ins	experience	/Leaving	s for details)	Job	P M & grade	leaving
College/Ins	experience	/Leaving	s for details)	Job	P M & grade	leaving
College/Ins 15. Total 16. (a.) Pr	experience	e (Attach Annexure	s for details) (b) P	Job ay Scale Rs	P M & grade	leaving
15. Total 16. (a.) Pr (c) Pe	experience resent Basi	e (Attach Annexure	s for details) (b) P post	Job	P M & grade	leaving
15. Total 16. (a.) Pr (c) Pe	experience resent Basi	e (Attach Annexure	s for details) (b) P post	Job	P M & grade	leaving
15. Total 16. (a.) Pr (c) Pe 17. Any other	experience resent Basi riod requir	e (Attach Annexure ic Pay Rs red for joining the particular information	s for details)(b) P post(at	ay Scale Rs	P M & grade	leaving
15. Total 16. (a.) Pr (c) Pe 17. Any other	experience resent Basi riod requir	e (Attach Annexure	s for details)(b) P post(at	ay Scale Rs	P M & grade	leaving
15. Total 16. (a.) Pr (c) Pe 17. Any other	experience resent Basi riod requir	e (Attach Annexure ic Pay Rs red for joining the particular information	s for details)(b) P post(at	ay Scale Rs tach separate s	P M & grade	leaving
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15. Total 16. (a.) Pr (c) Pe 17. Any other	experience resent Basic riod requirer relevant	e (Attach Annexure ic Pay Rs red for joining the particular information	s for details)(b) P post(at	ay Scale Rs tach separate s	P M & grade	leaving

CERTIFICATE

Certified that the contents given in the application forms and the documents attached therewith are true and correct to the best of my knowledge.

Place: (Name & Signature of the applicant)

Dated:

For use of CDC Office Only

Check List:

1. Does the candidate fulfill essential qualification?

Yes/No

2. Does the candidate have the required minimum experience?

Yes/No

- 3. Eligible/Not Eligible.
- 4. Special remarks (for Non-Eligibility)

Signature of Dealing Official

AR (CDC) Director- CDC