



Central University of Odisha, Koraput

(Established Under the Central Universities Act, 2009)

Po-Sunabeda, Dist.-Koraput, Odisha. PIN - 763004

Application Form for Engagement/ Empanelment of Contractual/ Term Appointment Teachers and Programme Coordinator for DACE

(Please read carefully the advertisement / instructions given in the eligibility criteria before filling the format)

1. Post applied for

a) Subject / Specialization / Area



2. a) Name in full (in BLOCK letters) :

b) Father's Name :

c) Present Postal Address in Full:

(Block letters, Surname underlined)

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d) E-mail ID

e) Contact Telephone Number

f) Permanent Address

(Block Letters, Surname underlined)

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3. a). Date of birth (in figures)

(in words)

b) Birth place c) Gender

d) Marital Status e) Nationality

f) Category (UR/OBC/SC/ST) g) PwD (Yes/No), If yes

Specify

4. a) Candidates Mother Tongue

b) Any other language known _____

READ

WRITE

SPEAK

5. Give particulars of Examinations passed commencing from H.S.C. and Degrees obtained including Ph.D. /D.Sc./D.Litt. from the University or places of Higher / Technical Institutions.

Sl. No	Examination passed	University/Board	Year	Class/ Division /Grade	% of marks	Subject offered (Specify Hons/ Distinction)

6. Field of Specialization

- (i) Master Degree :
- (ii) M.Phil. :
- (iii) Doctoral Degree :
- (iv) Post-Doctoral Degree :

7. Whether the candidate is qualified at the :

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UGC NET / CSIR NET / (If so give details)

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8. Achievements in Research

- (i) Research Papers published :
- (ii) No. of Books authored :
- (iii) No. of Book Chapters published :
- (iv) Number and nature of Seminars/ Conferences attended :
.....
- (v) No. of Research Scholars guided (M.Phil/ Ph.D.) :

9. Details of employment (details of present post at the beginning)

Office/ Institution employed	Date of Joining	Date of leaving	Post held	Scale of pay with Grade pay	Basic Pay Rs.	Total Salary (Gross) Rs.	Job Description*

10. Details of desirable qualifications if any:

DECLARATION

I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.

Place:

Signature of the Applicant

Date:

Name