

For Office Use Only		
Inward No. : _____	Est. No. : _____	Sr. No.
Date : ___/___/201__	Date : ___/___/201__	
Section : Establishment		



SARDAR PATEL UNIVERSITY
VALLABH VIDYANAGAR-388120
(Dist. ANAND - GUJARAT)

APPLICATION FORM FOR THE POST OF

Professor in _____
 Associate Professor in _____
 Assistant Professor in _____

The Newspaper in which you read the Advertisement _____
 Advertisement No. B/S/2/_____ Dated : ___/___/201__

Demand Draft No. _____ Date : ___/___/201__ Rs. _____

Name of Bank _____ Branch _____

Payable at Branch _____ City _____

Affix the
 3.5 c.m X 3.5 c.m.
 latest Photograph
 only on First Copy
 by
 Self Attested

IMPORTANT: Before filling in the form please read the form, Instructions and Qualifications carefully.

INSTRUCTIONS TO APPLICANTS :

- The candidate should submit **TWELVE Copies** of the application form duly filled in along with separate enclosures with each copy to reach the **Registrar, Sardar Patel University, Vallabh Vidyanagar** on or before the last date.
- Candidates are advised to satisfy themselves before applying, that they possess atleast, the essential qualifications laid down in the advertisement.
- Separate application is required for each post, otherwise the application form will be rejected.
- Canvassing of any sort will disqualify a candidate.
- No correspondence & Phone inquiry will be entertained in respect of advertisement, interview, selection and appointment etc.
- Those who are already in employment should forward their applications through proper channel and applications not sent through proper channel are liable to be rejected.
- If the space Provided in any column is found insufficient, Information be supplied on a separate sheet.
- Sardar Patel University reserves the right not to fill up any of the vacancies & right to reject any application & right to alter the number of post in any cadre without assigning any reason.
- If the any column is not applicable to the candidate concerned in that column please write **"Not Applicable" OR "NIL"**.
- Incomplete Application Shall not be Considered & Applicants may not be called for Interview.

1. (In Block letters) Name in full : Mr./Mrs./Ms./Dr.
 Father's/Husband's Name
 Surname Mother's Name

2. (i) Please Tick (✓) appropriate. Please enclose Caste Certificate of appropriate authority, if applicable
 S.C. S.T. Baxi Punch / SEBC General Phy. Handi Ex-Serviceman

(Attach a certificate from the competent authority with Caste validity certificate for S.C./S.T./
Socially Backward Class and Non-Creamy-layer Certificate.) (A) Caste Certificate No. : _____

(B) Issue Date: _____ (C) Name of Issuing Authority _____

(ii) Birth Place _____ Tal. _____ Dist. _____ State _____

(iii) Native Place _____ Tal. _____ Dist. _____ State _____

(iv) Race & Religion _____ (v) Nationality _____ (vi) Mother tongue _____

(v) Blood Group _____ (viii) Height _____ cms (ix) Weight _____ Kgs.

(x) Personal Marks of Identification : _____

3. Date of Birth

D D	M M

Y	Y	Y	Y

 Age : _____ Months _____ Days _____

(A true copy of the Higher Secondary School Leaving Certificate in which the Birth Date is registered should be enclosed.)

4. Please Tick (✓) appropriate : Married Unmarried Divorced Widow

5. (i) Approximately time required for joining, if appointed : _____

(ii) Minimum Salary Acceptable : Rs. _____

6. Full Address for correspondence (In Block Letters)

<p>(i) Present _____</p> <p>_____</p> <p>_____</p> <p>City _____ PIN <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Tal. _____ Dist. _____</p> <p>State <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; 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7. Educational Qualifications : Examinations passed (Attested copies of all testimonials/ Certificates including Marks, Grade, Certificate should be attached) :

Sr. No.	Examination Passed	Principal Subject	Subsidiary Subject	Name of the University or Examination Body	Total Marks with Class, Grade, Exact percentage (%)	Year & Month of Passing the Examination	No. of attempts for passing each of the examinations	Language in which studies were carried out
	Please Tick (✓) appropriate in Graduations / Masters							
1	2	3	4	5	6	7	8	9
1	S.S.C							
2	H.S.C.							
3	F.Y.							
4	S.Y							
5	T.Y.							
6	Post Graduation I Sem							
	II Sem							
	III Sem							
	IV Sem							
7	M.Phil.							
8	Ph.D.							Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Title of Ph.D. Thesis							
9	GSLET							
10	NET							
11	B.Ed.							
12	M.Ed.							

(8) Details of Experience : (Post held in Private or Public employment giving details of Work) Teaching, Laboratory, Industry etc.) (Please attached separate sheet if necessary in following Performa.)

Full Name & Address of the Employer where Employed	Designation (Type of work)	Date of joining	Date of Leaving	Grant-in Aid/ SF/ Private	Full time/ Part time/ Adhoc	Basic Pay & Pay Scale or Fixed pay	Reason for leaving Previous Employment
1	2	3	4	5	6	7	8

(9) Present Position :

Full Name & Address of the Employer where Employed	Designation	Work Done	Grant-in Aid/ SF/ Private	Full time/ Part time/ Adhoc	Basic Pay or Pay Band & A.G.P. OR Fixed Pay	Date of appointment
.....						

(10) Area of Specialization : _____

(11) Research Experience / Teaching Experience :

	From	To	Yrs.	Months	Institutions
U.G.					
P.G.					
M. Phil.					
Ph.D.					

(12) Information regarding Post-Graduate teaching. (Please attach Certificate)

(i) Date of recognition as a Post-Graduate teacher : _____

(ii) Name of the University granting recognition : _____

(13) Research Guidance :

Sr. No.		No. of Students working	No. of Students completed
1	Ph.D.		
2	M.Phil.		
3	Others		

(14) (i) Publications : (Please attach separate sheet in following format if necessary)

Sr. No.	Title of the Research Paper	State Level/ National level/ International Level	Name of the Journal in which Published with Vol. No., Page No.	Date of Publication	Name of Co-Authors if any
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(ii) Articles : (Please attach separate sheet in following format if necessary)

Sr. No.	Title of the Article	State Level/ National level/ International Level	Name of the Journal/ Daily in which Published	Date of Publication	Name of Co-Authors if any
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

(iii) Books : (Please attach separate sheet in following format if necessary)

Sr. No.	Title of the Book	Publisher	First Addition	Date of Publication	Name of Co- Authors if any
1					
2					
3					
4					
5					
6					
7					

(iv) For Associate Professor Five and For Professor Ten Copies of Research Publications should be attached.

Sr. No.	Title of the Paper/ Book	Publisher	Addition	Date of Publication	Name of Co-Authors
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

(v) Particulars of Paper/ Books under Preparation / Publication. (Please attach separate sheet in following format if necessary)

Sr. No.	Title of the Paper/Book	Name of Publisher	
1			
2			
3			
4			

(15) Awards for Best Research Paper/ Essay/ Article: (Please attach separate sheet in following format if necessary)

Sr. No.	Name of Award	State Level/ National level/ International Level	Awarding body	Date
1				
2				
3				
4				
5				

(16) Details of Seminar/Conference/Workshop/Winter School/Symposium/ Summer camp, Refresher Course, Orientation Programme etc. attended. (Please attach separate sheet in following format if necessary)

Sr. No.	Nature of the Participation	State Level/ National Level/ International Level	Organized by	Duration		No. of Days
				From	To	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

(17) Number of Research Papers/ Articles/ Books/ Seminar/ Conference/ Workshop/ Winter School/ Symposium/ Summer camp, attended.

Sr. No.	Level	Total Publications				Total Number attended					
		Research Papers	Articles	Books	Manuscript Ready for press	Seminar	Conference	Workshop	Winter School	Symposium	Summer camp
1	Local										
2	State/Regional Level										
3	National Level										
4	International Level										

(18) Lectures Delivered in Conference/ Seminar/ Workshop/ Various Colleges/ Symposium/Teacher Exchange Programme/Visiting Fellow/Winter School/ Refresher Courses/ Orientation Programme.

Sr. No.	Level	Total Number of Lectures Delivered									
		Conference	Seminar	Workshops	Various Colleges	Symposium	Winter School	Teacher Exchange Programme	Visiting Fellow	Refresher Courses	Orientation Programme
1	Local										
2	State/ Regional Level										
3	National Level										
4	International Level										

(19) Give the details of Research Project under taken: (Please attach separate sheet in following format if necessary)

Sr. No.	Type of Project	Title of the Research Project	Funding Agency	Sanctioned Amount	Date of Commencement	Date of Completion
1						
2						
3						
4						
5						
6						
7						

(20) Particulars of Visits abroad : (Please attached separate sheet if necessary in following Performa.)

Sr. No.	Country	Date From	Date To	No. of Days	Purpose of Visit (Give Complete details)
1					
2					
3					
4					
5					
6					

(21) Name of Professional Associations in which you have held important positions or have been active member or/Fellowship of Academic Societies/Others (Please attach separate sheet in following format if necessary)

No.	Designation	Body/ Institutions	From	To	Duration
1					
2					
3					
4					
5					

(22) Any other relevant information (Special experience/merits) not included above (Participation in curricular and co-curricular activities, NCC/NSS/Sports/Cultural Activities etc. enclose all Certificates)

Sr. No.	Activities	Institution	From	To	No. of Days
1	N.C.C.				
2	N.S.S.				
3	Sports				
4	Cultural activities				

(23) Languages Known Tick (✓) appropriate :

Sr. No.	Language	Read	Write	Speak
1	English			
2	Gujarati			
3	Hindi			
4				
5				

(24) Persons from whom copies of testimonials are enclosed :

Sr. No.	Name	Occupation	Address
(i)			
(ii)			
(iii)			

(25) Name, address and Phone No. of not more than two persons to whom reference can be made:

No.	Name	Full Address	Phone No.	Period for which he/she has known to the candidate
1				
2				

Note : (1) Any additional qualifications, experience, honours and other achievements gained by the candidate during the period between the last date of application and the date of conducting the interview will not be taken into consideration.

(2) Have you ever been arrested/prosecuted/kept in detention/convicted by a court of Law or whether any case is pending against you in a Court of Law? **Yes** ___ **No** ___

If the answer to the above question is "Yes" give details _____

(3) Have you ever been debarred from any examination/rusticated by any University or any other educational institution or whether any case is pending against you in any University or any other educational institution? **Yes** _____ **No** _____

If the answer to the above question is "Yes" give details _____

(4) Has any disciplinary action been taken against you by any University/ Institute where you have served? **Yes** _____ **No** _____

" If Yes" give details _____ .

I, hereby declare that the information furnished above is true and correct to the best of my knowledge and belief and also that I have not concealed any fact or withheld any information regarding my past service and record. If any information is found to be false or incorrect or any thing is found to have been concealed, I will be disqualified for selection or if appointed, will be liable to termination without any notice or compensation.

Place : _____

Date : ___/___/201___

Signature of the Applicant

* It is essential for the applicant to forward the application through his/her present employer. Application forwarded directly are liable to be rejected.

* **Forwarded with compliments to the :** **Registrar, Sardar Patel University, Vallabh Vidyanagar-388120**

FOR USE OF APPLICANTS IN EMPLOYMENT

I declare that the above statement made by the applicant are correct to the best of my knowledge and belief. I have "**No Objection**" to his/her applied and selected for the concerned post in your University. He/She will be relieved.

Place : _____

Signature of Authority _____

Date : ___/___/201___

Designation _____

Office Stamp _____

Note : All Copies of Marksheet / Certificates should be Self Attested, List of enclosures attached by the applicant should be arranged strictly in the following order which enclose : **Please tick (✓)**

No.	Details Enclosed with Application Form	(✓)	
1.	First Copy of Application Form with Photograph.		
2.	Address Slip.		
3.	Caste Certificate (If necessary)		
4.	Higher Secondary School Leaving Certificate.		
5.	S.S.C. / H.S.C. all Marksheet.		
6.	F.Y.,S.Y. & T.Y. all Marksheet & Degree Certificate.		
7.	Post Graduate's Degree -Previous & Final Year all Marksheet & Degree Certificate.		
8.	M.Phil. Marksheet & Notification.		
9.	Ph.D. Notification & Degree Certificate.		
10.	GSLET Passing Certificate.		
11.	NET Passing Certificate.		
12.	B.Ed./ M.Ed.		
13.	Other Qualifications Certificates		
14.	Those candidates who Apply for the Post of Professor and Associate Professor must be fill the A.P.I. form alongwith the Application form in One copy.		
15.	Testimonials / Experience Certificates.		
16.	Publications/ Research Papers/ Articles.		
17.	Workshops/ Seminars/Conferences/Symposium attended Certificates		
18.	If apply For Professor Ten (10) Papers/ Books/ Publication & For Associate Professor Five (05) Research Papers/Books Compulsory to attach.		
19.	11 Sets of Application forms with copy of Resume/ Testimonial /Experience Certificate (If) apply For Professor Ten (10) Papers/ Books/ Publication & For Associate Professor Five (05) Papers/ Books/ Publication Compulsory to attach with each Set.		

Please fill ALL the following ADDRESS SLIPS with BALLPEN - DO NOT WRITE "AS ABOVE". Please write Full Name & Postal Address (With Pin Code) Legibly for further communication.

To, Name _____ Address _____ _____ _____ City _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tal. _____ Dist. _____	To, Name _____ Address _____ _____ _____ City _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tal. _____ Dist. _____
To, Name _____ Address _____ _____ _____ City _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tal. _____ Dist. _____	To, Name _____ Address _____ _____ _____ City _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tal. _____ Dist. _____
To, Name _____ Address _____ _____ _____ City _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tal. _____ Dist. _____	To, Name _____ Address _____ _____ _____ City _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tal. _____ Dist. _____
To, Name _____ Address _____ _____ _____ City _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tal. _____ Dist. _____	To, Name _____ Address _____ _____ _____ City _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tal. _____ Dist. _____