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**तमिलनाडु केन्द्रीय विश्वविद्यालय**

*(संसद द्वारा पारित अधिनियम 2009के अंतर्गत स्थापित)*

**CENTRAL UNIVERSITY OF TAMIL NADU**

*(Established by an Act of Parliament, 2009)*

नीलक्‍कुड़ी र/Neelakudi कंगलान्चेरी/Kangalancherry,

तिरुवारूर/Thiruvarur – 610005 🖀:04366-277256 Tamil Nadu

**Annexure I**

**Advt. No: 04/2018**

Affix recent passport size photograph

**Application Form for Teaching Posts**

(Please read the instructions given in the Advertisement carefully)

**(Part – A)**

Post applied for:

Subject:

Area of specialization:

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| 1.1.**Application fee for fresh applicant** (Non-refundable): If payment is made through Demand Draft |
| Demand Draft No. | Date | Amount (Rs.) | Bank Name / Code | Branch Name / City |
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| If payment is made through SBI Collect (online) (Please enclose the copy of the receipt) |
| Receipt No | Date of Payment | Amount paid |
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| 1. **Personal Information** (In CAPITAL LETTERS):
 |
| Name of the applicant |  |
| Date of Birth(DD/MM/YYYY) |  |  Age (In Years)  |  |
| Gender (Male/Female/Transgender) |  |  Marital Status |  |
| Nationality |  | Religion |  |
| Category(SC/ST/OBC/General/PWD/Minority) |  |  |
| Mother’s Name |  |
| Father’s Name |  |
| Particulars of Physical Disability, if applicable |  |  |

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| 1. **Address** (In capital letters):
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| **Mailing Address** | **Permanent Address** |
|  PIN CODE : | PIN CODE : |
| Email ID: |  |
| Phone No: |  | Fax No. |  |
| Mobile No: |  |

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| 1. **Educational Qualifications (Matriculation and onwards)**
 | **Subjects** | **Specialization (if any)** |
| **Name of the Degree exam** | **University/ Institution/ Board** | **Year of Passing** | **Percentage of Marks** | **Division/ Class/CGPA** |
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| **Please add additional sheet, if required, retaining the above tabular format.** |
| **NET Exam**: |  | Rank/Percentile |  |
| **Ph.D.**(Mark √ in appropriate box) | **Degree Awarded** | **[ ]** | **Thesis****Submitted** | **[ ]** |  |
| **Regular mode** | **[ ]** | **Part time mode** | **[ ]** |  |

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| 1. **Title of Thesis/Dissertation**(If published, give details on a separate sheet)
 | **Name of the University / Year of Award** | **Name of Supervisor**  |
| Ph.D. |  |  |  |
| M.Phil. |  |  |  |

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| 5.1 **No. of publications:** |
| Refereed Journal only | Published |  | Accepted |  | Book Chapters |  |
| Books (only with ISBN or similar identification mark) |  | Conference Proceedings (full papers only) |  |

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| 1. **Academic Distinctions** (Award/Scholarship/Rank, etc.)
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| **7. Membership/Fellowship of learned/accredited bodies (Give details)** |
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| **8. Present Position:** |
| **Designation** | **University/****Institution** | **From****Date**  | **Basic Pay(BP)** | **Pay Scale (PS)/Pay Band (PB)(Rs.)** | **Gross Pay/ Total Salary****P.M.(Rs.)** | **Next Increment Date** | **Nature of duties** |
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| **9.Experience**(Enclose additional sheet, if required, in the same format): |
| **Post Held, Basic Pay& Pay band with Grade Pay/ Academic Grade Pay** | **University/ Institution** | **Period** | **No. of years/months** | **Nature of work** | Sl.No.of proof enclosed |
| **From**  | **To** |
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| **9.( A) Post-Doctoral Fellowship**  |
| **University/****Institution/Country** | **From** | **To** |
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| **10. Competence in Computer Application:** | Sl.No.of proof enclosed |
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| **11. Additional information**, **if any** (please attach additional sheet, if required): | Sl.No.of proof enclosed |
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| 12. **Name and Complete postal address of 3 referees** (In capital letters): |
| **Reference 1** | **Reference 2** | **Reference 3** |
| PIN CODE: | PIN CODE: | PIN CODE: |
| Email: | Email: | Email: |
| Phone No.: | Phone No.: | Phone No: |
| Mobile No: | Mobile No: | Mobile No: |
| Fax: | Fax: | Fax: |

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| 13. **Teaching preference. Applicants are requested to write down their current and future academic plans in about 200 words. (if required separate sheet may be enclosed)** |

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| **14.** **Do you have a near relative among the staff of this University? YES / NO** If YES, Please furnish the details given below:Name & designation of the person:  Relationship with the candidate: |

**15.** **Any vigilance / Disciplinary case is pending against you? YES / NO**

If YES, Please furnish the details given below:

Name & designation of the person:

Relationship with the candidate:

**16. Any legal case (including FIR) is pending against you in any of the court(s) / Police station? YES / NO**

If YES, Please furnish the details given below:

Name & designation of the person:

Relationship with the candidate:

**17. Time required for joining / reporting for duty :**

 **(in case of selection)**

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| **18. Declaration:** |
|  I hereby declare that all the entries are made by me in this application are true to the best of my knowledge and belief. I also certify that I have not suppressed/hided any of the details on the date of submission. I aware that, if anything is found false at any stage (screening, selection, etc), my candidature shall be cancelled without assigning any reason whatsoever. **Date:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of the applicant** |

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| 19. **Endorsement by the Employer** (for in-service candidates only): |
| **To be signed and forwarded by the present employer**Forwarded to:**The Assistant Registrar****Recruitment Cell****Central University of Tamil Nadu,****Neelakudi,** **Thiruvarur- 610 005.**The applicant Shri/Smt/Dr./Kum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a permanent/temporary employee of the organisation holding the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, w.e.f.\_\_\_\_/\_\_\_/\_\_\_\_\_\_in the Pay Band of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/She is drawing a Pay Band of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_ with AGP of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.His/Her next increment is due on \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_.Certified that no disciplinary/ Vigilance can has ever been held or contemplated or is pending against the said applicant. We have no objection for his/her application being considered by the Central University of Tamil Nadu. The applicant will be relieved immediately on selection.-----------------------------------------------------------(Signature of the forwarding authority)Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office SealDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |