



DIAMOND HARBOUR WOMEN'S UNIVERSITY

Application Form

(Application should be routed through proper channel)

Self attested recent
passport size
photograph of the
applicant.

To
The Registrar
Diamond Harbour Women's University
Diamond Harbour Road, Sarisha
South 24 Parganas, 743368

Sir/Madam,

- (a) Name of the Department _____
- (b) Post applied for _____
- (c) Specialization, if any _____

With reference to your Advertisement No: _____ dated _____ for the above-mentioned post, for which the last date of submission of application is _____, I present myself as an applicant for the same. My bio-data and other relevant particulars are given below.

Yours faithfully

.....
(Signature of the Applicant)

Dated....., 20.....

BIODATA

1. Name (in block letters).....
2. (a) Present Position.....
(b) Present Employer (if any).....
3. (a) Address for communication (in block letters).....
.....
(b) Permanent Address.....
.....
(c) Phone : (Landline).....(Mobile)
- (d) Email id.....
4. (a) Date of Birth: D D M M Y Y (b) Age (as on the last date of Advertisement) :

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5. Gender:
6. Nationality:
7. (a) Name of Father
- (b) Name of Mother.....
8. Marital Status: (a) Single / Married
- (b) Name of Spouse (If Married).....
9. (a) Whether belonging to Scheduled Caste/Scheduled Tribe/OBC-A/OBC-B/PWD: Yes NO
- (b) If yes, please tick in appropriate box/boxes
(Necessary documents are to be attached)
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SC | ST | OBC-A | OBC-B | PWD |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Details of Bank Draft:

Sl.	Name of Bank	Draft	Issuing Date	Amount

11. Educational qualifications (chronologically starting from Secondary Examination):

Examinations Passed	Board/ University	Year of Passing	Class or Divn.	% of marks or Credits	Subjects studied	Any other information

12. Whether Qualified at NET/SLET/SET/GATE:
(Mention the year in which qualified and submit documents)
13. Research Degree Awarded (Ph.D./D.Sc./D. Litt. etc.):.....
(a) Name of the University:
(b) Title of Thesis:
(c) Date of Research Degree Awarded:
(d) Whether Ph.D is done under the UGC 2009 Regulation (Y/N)
14. (a) Post-Doctoral Research Experiences (if any):

Sl.	Category	Topic	Place	Period

(b) Project:

Sl	Title	Funding Agency	Period	Amount

15. Publications: (a) Number of papers in recognized research journals:
(b) Number of published Books/Monograph etc. :
(c) Number of Conference Papers etc.:
- [(i) A list of publications with the names of all authors, ISBN/ISSN No. and I.F (if any) must be attached.
(ii) Copies of not more than ten publications which are most important in your opinion must be attached.)]

16. Details of Employment in chronological order (Gaps, if any, should be explained):

Sl	Employer	Post Held	From	To	Scale of Pay and pay drawn	Remarks, if any, indicating reason for leaving any post.

17. Teaching Experience:

Sl.	Level	Degree	College/University/Institute	Duration	Total
1.	Under Graduate	Pass			
		Hons.			
		Others			
2.	Post Graduate				
3.	Any Other				

18. Administrative/Professional Experience: (State briefly the nature of work with No. of years):

Sl.	University/Institute/ Organization	Post Held	Nature of Work	Duration

19. Present pay and Allowances:

Scale of Pay	AGP / GP	Basic Pay	Allowances	Gross amount drawn

20. If selected, time required to join:

21. Particulars of extracurricular activities, if any:

22. Any other information that may be considered:

23. (a) Have you ever been dismissed/removed/asked to retire from service :

Yes	No
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(b) If Yes, give details:

24. Give the names of not more than two referees (**with designation, full address, Phone No., e-mail id.**):

(a).....

(b).....

I certify that the above statements are true to the best of my knowledge and belief.

I accept that in case any information is found to be incorrect or in case there is any suppression of facts, this application is liable to be rejected.

Date :

.....
Signature of the Applicant

N.B.: (a) Self attested copies of all documents and testimonials are to be enclosed with the application.

(b) Attach extra sheet/ sheets whenever necessary