## CENTRE FOR DISTANCE AND ONLINE EDUCATION THE UNIVERSITY OF BURDWAN



## **APPLICATION FORM (for the Post of Teachers)**

Advt. No.....dt.....

To The Director Centre for Distance and Online Education The University of Burdwan Rajbati, Burdwan 713 104
Sir, I beg to apply for the post ofin terms of your advertisement as referred to above. The requisite particulars are given below.
1. Name in full (Block Letter))
2. (a) Father's/Husband's name & Occupation
(b) Mother's name & Occupation
(c) Phone/Mobile No.
(d) E-mail:
3. Postal address in full
4. Permanent address
5. Date of Birth (in Christian era)
Age on the date of application
6. Category to which he/she belongs*  (*evidence to be produced) (Please tick): GEN SC ST OBC-A OBC-B
7. Whether physically handicapped:
9. Marital status
10 Whether a citizen of India

Country Visited	Date of Visit	<b>Duration</b> (	of Visit	Purpose of Visit	
12 11 (					
Read only	Speak only		e or speak?  Speak Read	Speak and Write	
b) Name of the Bank:					
(c) Account Number: (d) IFSC code: 4. Particulars concerning stated chronologically.	ng academic career comm Failure at any examinatio	n or in any term m	ust be specifica	lly mentioned:	
(c) Account Number: (d) IFSC code: 4. Particulars concerning stated chronologically.	_	_	-	lly mentioned:	
(c) Account Number : (d) IFSC code: 4. Particulars concerning stated chronologically. Furticulars  Qualifications (Exams)	Failure at any examinatio	n or in any term m	ust be specifica	lly mentioned:	
(c) Account Number: (d) IFSC code: 4. Particulars concerning stated chronologically. Fearticulars  Qualifications (Exams)  Division/Grade or Class	Failure at any examinatio	n or in any term m	ust be specifica	lly mentioned:	
(c) Account Number: (d) IFSC code: (4. Particulars concerning stated chronologically. Farticulars  Qualifications (Exams)  Division/Grade or Class  Year of passing	Failure at any examinatio	n or in any term m	ust be specifica	lly mentioned:	
A particulars  Qualifications (Exams)  Division/Grade or Class  Year of passing  % of Marks / CGPA  Main Subjects	Failure at any examinatio	n or in any term m	ust be specifica	lly mentioned:	
(c) Account Number: (d) IFSC code: 4. Particulars concerning stated chronologically. Fracticulars  Qualifications (Exams)  Division/Grade or Class  Year of passing  % of Marks / CGPA	Failure at any examinatio	n or in any term m	ust be specifica	lly mentioned:	

	No. of Papers:
	(i) National:
(ii	i) International:
(ii	ii) Accepted for Publication:
(b	b) Whether acquired/awarded Ph D.: Yes/No
If	yes, (i) Give details mentioning the Name of the supervisor:
(ii	i) The Title of the Thesis:
	ii) Whether the Ph.D. awarded as per UGC Regulations 2009: Yes/No If yes, attach ertificate of the concerned University/Institution
,	) Date of award: ether acquired/awarded D.Sc./D.Lit./LLD. Degree.: Yes/NoIf yes, give the title of the
Th	nesis, Name of the University, Year of award:

(b) Details of API score according to latest UGC norm (Be enclosed in separate sheets):

Name of Office/Firm or institution where employed	Date of joining	Date of leaving	Reasons for leaving the previous service	Designation of post held and whether permanent or temporary	Give details of pay drawn, scale of pay, allowances, etc.

18. If appointed, what notice would be required	
before joining the post	
19. Cash Challan of the University or Crossed Demand Draft bearing	No&
dateon Burdwan depositing the application fee Rs	
20. Particulars of activities, if any, in the University Officers' Trainin Force/National Cadet Corps/Games/Sports/Type/Shorthand/Computer	g Corps/Indian Territorial er, etc.
23 Name of two referees to whom the candidate is known:	
(1)	
(2)	
24. Additional Information, if any:	
25. Documents and attested copies of Certificates/Diploma/Degree, e (i)	tc.
(ii)	
(iii)	
(iv)	
(v)	
(vi)	
(vii)	
DECLARATION	
I hereby declare that all statements made in this application are true knowledge and belief. If any information is found to be incorrect at a to be rejected.	, complete and correct to the best of many stage, my application shall be liab
Date	Signature in full

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PARTICULARS OF CAND POST OF	DID ATES FORTH	E		
in the C BURDWAN	CENTRE FOR DIS	STANCE AND ONL	INE EDUCATION, TH	łE UNIVERSITYO
1. Name in full			(I n block letters)	
2. Present Address			(Communication	)
3. Permanent Address				
4. Phone No./Mobile No./e-ma	:1.			
5. Date of Birth				
Academic Career (Stating Per		•		
Examination Passed	Division /Class	Year of passing	University/Board	% of marks /CGPA
Madhyamik/or its equivalent				
H.S or its equivalent				
B.A/B.Sc/B.Com.				
M.A/M.Sc/M.Com.(Pl. mention spl. Paper, if any)				
Others				
7. Any other information medals obtained from the Uni				
8. Particulars of Doctoral Deg	gree, if any			
9. Details of advanced Post-G	brad uate work of			
published papers				
10. Present Employment (i) Employer				
(ii) Designation held				
(iii) Present basic pay with so	cale of pay			
11. Other emoluments, if any				