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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 परिसर/Neelakudi Campus,कंगलान्चेरी/Kangalancherry,तिरुवारूर/Thiruvarur - 610005

🖀:04366-277256 / email: establishment@cutn.ac.in

**Annexure I**

**Advt. No: 01/2018**

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 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. If anything is found false at any stage, my application may be cancelled without assigning any reason**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:**Recruitment Cell****Central University of Tamil Nadu,****Neelakudi, Kangalancheri Post,****Thiruvarur- 610 101.**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |