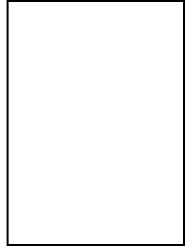


TAGORE COLLEGE OF EDUCATION

SANDHIR (KARNAL).

S.No.

Affiliated to Kurukshetra University Kurukshetra
Application form for Teaching Post



Application Fee Dairy No.

Receipt No. Dated (For Office Use Only)

- Note :-**
1. The application form should be properly filled in .
 2. Attested copies of all the certificates /testimonials should be attached. Originals will have to be shown at the time of Interview .
 3. Send a copy of application form to the Dean of colleges, Kurukshetra University Kurukshetra.
 4. Application received after the due date or found incomplete will not be considered .

1. Post applied for Subject
- (Advt. No. and Sr. No. of Post
2. Name of the Candidate
- (In Capital Letters)
3. Father's /Husband's Name
4. Man /WomenNationality
5. Are you physically handicapped ?
6. Whether you belong to SC/ST/BC.....
7. Married /Unmarried
8. Date of birth & place
9. Address for Correspondence
-Phone No.
10. Educational Qualifications (Strike off which is not applicable)

Exam. Passed	University /Board	Year of Passing	% age of marks	Division	Subjects studied including option	Awards /Medals Prizes, Merit, if any
Matric						
Hr. Sec. /Pre. Uni. /10+2 /Inter						
BA/B.Sc./B.Com.						
M.A./M.Sc./M.Com.						
NET/SLET						
M.Phill						
Ph.D.						
Any other exam						
Field (s) of Specialization						

11. Total teaching experience in College /University :-
 Under-graduate Post –graduate
12. Total Research Experience
13. Details of previous employment

Name of institution	Designation	From	To
(i)			
(ii)			
(iii)			

14. If you are presently employed, state position and address

Language (s) known	Read	Write	Speak
.....
.....
.....

16. Present Pay Pay Scale DA.....

17. Pay acceptable

18. Period required for joining , if selected

19. List of major publications : Please attach the list with Xerox copies of :-

Publications	Published	In Press	Accepted for publication	Communications for publications	In preparation
Books Independently /Jointly					
Paper Independently Jointly					
Patents Independent /Jointly					

20. List of enclosures:-

- | | |
|---------|---------|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

I certify that the foregoing information given by me is correct and complete to the best of my knowledge and belief . I am not aware of any circumstances , which may impair my fitness for employment .

Date.....

Permanent Address

.....

PIN.....

Signature of Candidate

Certificate from the Employer (if employed)

The application of Shri./Ms Who is at present working as in department /college is forwarding and recommended for consideration . In case he/she is selected for employment, he/she will be relieved from his/her present position on notice.

Signature of the Head
 Of the office /organization
 (Seal of Office)