



**APPLICATION FORM FOR TEACHING FACULTY FOR  
2 Year B.Ed and 3 Year Integrated B.Ed-M.Ed**

Affix a recent  
passport size  
photograph

Advertisement /Notice No: \_\_\_\_\_ Date: \_\_\_\_\_

1. Post Applied for: \_\_\_\_\_

2. Subject/Specialisation \_\_\_\_\_

3. NAME (in CAPITAL LETTER): \_\_\_\_\_

4. Father's Name: \_\_\_\_\_

5. Mother's Name: \_\_\_\_\_

6. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 7. Category (OBC/S.C/S.T/UR) : \_\_\_\_\_

8. PWD (Yes/No) \_\_\_\_\_ 9. Gender: \_\_\_\_\_

10.Nationality: \_\_\_\_\_ 11. Religion: \_\_\_\_\_

12. Adhar No: \_\_\_\_\_ 13. PAN No (If any): \_\_\_\_\_

14. Application Fee Detail:

Mode of Payment: Net Banking/UPI	Amount: Rs.
Date & Time of Payment:	UTR/Transaction Number :
<b>Note:</b> Attach a copy of the payment receipt as proof of payment.	

15.Address:

<b>Correspondence</b>	<b>Permanent <input type="checkbox"/></b> (Mark ✓ if same as correspondence address)
At:	At:
Plot No./Qtr No:	Plot No./Qtr No:
P.O:	P.O:

PS:	P.S.:
Dist:	Dist:
PIN:	PIN:
State:	State:
WhatsApp No.:	WhatsApp No:
E-Mail ID:	E-Mail ID:

**16. ACADEMIC QUALIFICATION:**

DEGREE		Subject	Board/Univ.	Year of Passing	Institution	Division	% of Marks
10 <sup>th</sup>							
+2							
Graduation	Distinction (Yes/No)						
B.Ed.							
P.G.							
M.Ed.							
NET/JRF							
PhD.							
Any other							

17. Area(s) of Specialization: \_\_\_\_\_

**18. TEACHING EXPERIENCE**

Name of Institution	Designation	Nature of Posting	From-To	Year of Experience	Classes Taught

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19. RESEARCH ACTIVITIES/PUBLICATION (Additional sheet may be attached, if required)

Sl. No.	Title of the Paper	Journal Name	Authorship (Single/Joint)	Publication Month & Year	Volume /Page Number	Peer-Reviewed/UGC Listed /Scopus Indexed
1						
2						
3						
4						
5						

20. List of documents attached:

SL.NO	NAME OF DOCUMENTS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**DECLARATION**

I hereby declare that the information furnished above and in the enclosed documents is true and correct to the best of my knowledge and belief. I further declare that no material fact has been suppressed or concealed. In the event that any information or document submitted by me is found to be false, incorrect, or misleading, I shall be liable for appropriate action as per the applicable rules and laws.

Date:

**(FULL SIGNATURE OF THE CANDIDATE)**

Place: