**SRINIVAS**

Affix Passport Size Photograph

**UNIVERSITY**

 **Educating the Next Generation**

**Main Campus, Srinivas Nagar, Mukka, Mangalore – 574 146.**

**City Campus, Pandeshwar, Mangalore – 575 001, Karnataka State, India.**

 **(Private University established by Karnataka State Govt. Act 42 of 2013, Recognized by UGC, New Delhi, Member of Association of Indian Universities, New Delhi)**

Administrative Office Phone : 0824-2425966, Pandeshwar City Campus, Phone : 0824- 2441022

E-mail – info@srinivasuniversity.edu.in, Web : [www.srinivasuniversity.ac.in](http://www.srinivasuniversity.ac.in)

 **Application for the Post of Professor**

ADVERTISEMENT No. Dated :

POST APPLIED FOR:

Department / Subject :

Specialization:

1. (i) Name

 (in BLOCK LETTERS)

1. Date of Birth: Age (as on date):

 3. Place of Birth: 4. District:

 5. Nationality: 6. Gender: Male / Female

7. Religion: 8. Caste:

 9. **Address of the Communication** : **Permanent Address**

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10. Academic qualifications:

 (Examinations passed from matriculation / Higher Secondary onwards) (Start with higher degree)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Examination | Name of the Course | Subject | Year ofPassing | % ofMarksObtained | Division | School/CollegeStudied | Name of theBoard / University |
|  |  |  |  |  |  |  |  |

11. Academic distinctions (e.g. any Prize, Medal, Award etc.):

12. Whether qualified in NET/SLET/SET: Yes / No. if yes, Year of Passing:

13. Research Qualifications:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree |  Title of the Thesis |  Subject / Discipline | Date & Yearof Award |  University |
|  M. Phil |  |  |  |  |
| Ph.D. |  |  |  |  |
| Specify Areaof Research |  |  |  |  |

14. Post-Doctoral Experience if any :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Positions Held | Awarding Organization | Emoluments per month | Title of the Project | From | To |
|  |  |  |  |  |  |  |
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 15. Publications (Attach separate sheet list) qualifications with file, coauthors, name of the publisher, ISSN, impact factor etc.

|  |  |  |
| --- | --- | --- |
| Description | No. of Publications | Citation Index /Impact Factor |
| Book |  |  |
| Book Chapters |  |  |
| Research Papers |  |  |
| Review Articles |  |  |
| Case Studies  |  |  |
| Monographs |  |  |
| Others |  |  |

 16. Research Projects if any Executed :-

|  |  |  |  |
| --- | --- | --- | --- |
| Title of the Project | Duration | Funding Agency | Total GrantSanctioned |
|  |  |  |  |
|  |  |  |  |
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 17. Particulars of the Research Guidance :-

a. Number of scholars awarded / working

|  |  |  |
| --- | --- | --- |
| Status | M. Phil | Ph. D |
| Awarded |  |  |
| Working |  |  |

b. Awards, Rewards, Fellowships, Patents if any :

 (i)

(ii)

(iii)

(iv)

(v)

18. Training courses Refresher Course / Workshops attended (Proof necessary) :

|  |  |  |  |
| --- | --- | --- | --- |
|  Name / Title |  Organized by |  Duration | Year |
|  |  |  |  |
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 (b) Papers Presented in the Conferences / Seminars: (Attach separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Title of the Conference / Seminar | Organized by | Title of the Paper | Year |
|  |  |  |  |
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 (c) Invited talks delivered at Conferences / Seminars: (Attach separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Title of the Conference / Seminar | Organized by | Title of the Talk | Year |
|  |  |  |  |
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 19. (a) Post held, if any, at the time of sending the application with date of appointment: (Copy of evidence)

 (b) Whether the post is Temporary or Permanent / Aided / Un-Aided : and ratified by the

 University

 (c) Pay Scale: Whether APR UGC 2006/ State-RPS 2006 / Consolidated: Pay Band with AGP:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Basic Pay | AGP |   DA | HRA |   Other Allowances | Total |
|  |  |  |  |  |  |

20. Teaching experience at Universities or Degree Colleges:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the University / College | Designation | Nature of Post. Temporary / Permanent | Classes taught | Period(give dates) | Length ofExperience |
| Under graduate | Post- Graduate | Years | Months |
|  |  |  |  |  |  |  |  |

21. Administrative Experience, if any : (\*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Institution/ Organisation | Designation | Nature of post Temporary/ Permanent | Nature of assignment | Period (give dates) | Length ofExperience |
| Years | Months |
|  |  |  |  |  |  |  |

22. Name and address of the present employer :

23. Has the consent of the employer been obtained to submit this application in case the applicant is employed in Govt. at present. (The applicant should enclose a ‘**NO OBJECTION CERTIFICATE**’ from the present employer) :

24. Name and address of three persons who are not related to the applicant but who know the applicant well and to whom references may be made:

1.

2.

3.

25. Any additional information which the candidate wishes to give in support of his / her application:

 **DECLARATION**

 I hereby declare that the statements made in this application are true to the best of my knowledge and belief. If at any stage it is found that the particulars furnished by me are false my candidature / application / appointment, if any may be cancelled.

Date *:* ***Signature of the Applicant***