



APPLICATION FORM FOR ASSISTANT PROFESSOR POST

Sacred Heart College, Chalakudy

Assistant Professor in (Subject).....

1. Name of the Applicant (in block letters):
2. Sex :
3. Age & Date of Birth :
4. Qualification (Attested copies of the certificates should be attached)

a) UGC-NET/JRF :

b)	Name of Examination	Subject	University/ Board	Year of passing	CGPA	% of CGPA/Mark	Name of Institution
	SSLC/ Equivalent						
	Plus two/ PreDegree						
	Under Graduate						
	Post Graduate						
	Additional PG (if any)						
	Ph.D						

5. Teaching/Post Doctoral Experience in Colleges(Copy of the certificates should be attached)

Category	Total Years	Period	Institution
Regular Post in Aided College			
Guest Lecturer in Aided Courses			

6. Research Publications - Specify the Journal (List to be attached with proof)

a)	No. of Articles published in International Journal	:	
b)	No. of Articles published in National Journal	:	
c)	No. of Articles published in Regional Journal	:	
d)	No. of Books published	:	
e)	No. of Paper presentation	:	

7 Awards :Inter National/National Level(Awards given by International Organizations/Govt.of India/ Govt.of India recognized by National Level Bodies) State Level:Awards Given by State Govt.)
(Certificates should be attached)



8 Extra- Curricular Activities (Certificates should be attached)
 a) NCC/NSS/Social Science :.....
 b) Any Other :.....

9 Marital Status :.....

10 Communication Address :.....
 :.....

.....PIN.....Ph.No.....

11 E-mail ID & Whatsapp No: :.....

12 Partner's Name, Address, Occupation,Ph.No. :.....
 :.....

13 Father's / Guardian's Name, Address,Ph.No. :.....
 :.....

14 Religion/ Caste & Community :.....

15 Nativity (Village, District) :.....

16. Name and Address of two persons
from whom reference can be taken
 1) :.....
 2) :.....

17. Only for Community Quota
 a) Name of the Parish :.....
 b) Name of the Parish Priest :.....
 c) Certificates in Catechism (Twelfth & above) :.....

(Attach a letter from the Parish Priest regarding the Involvement of the candidate in the Parish activities)

Seal

Name and Signature of the Parish Priest

Declaration: I hereby certify that the information given above is correct to the best of my knowledge and belief.

Place:

Date:

Name and Signature of the Applicant