

مولاانا آزاد نيشنل اردو يونيورسٽي مولاانا آزاد نيشنل اردو يونيورسٽي
MAULANA AZAD NATIONAL URDU UNIVERSITY
(A Central University established by an Act of Parliament in 1998)
Gachibowli, Hyderabad – 500 032
(Accredited "A" Grade by NAAC)



EMPLOYMENT NOTIFICATION NO.44/2017 DATED 12.05.2017

APPLICATION FORM FOR TEACHING POSTS



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RECENT
PASSPORT SIZE
PHOTOGRAPH
DULY SIGNED BY
THE APPLICANT

I. Name of the post applied for: _____, Subject: _____

II. School/Department: _____

III. Employment Notification No & date: **44/2017 dated: 12.05.2017**

IV. Fee particulars:

DD Number	Date	Amount	Name of the Bank	DD issuing Branch & Address

V. Personal Details of the candidate:

- Name: _____
(IN CAPITAL LETTERS)
- Parent's Name (a) Father _____
(b) Mother _____
- Husband's Name (in case of married Women) _____
- Date of Birth: Day _____ Month _____ Year _____
(As recorded in Matriculation or equivalent certificate, enclose the certificate)
- Age (as on the last date receipt of application) _____ years _____ months
- Nationality _____ 7. Married / Unmarried
- Gender: Male / Female
- Community: General/SC/ST/OBC/ PWD/ SC&PWD/ST&PWD/OBC&PWD
(Certificate from competent authority must be enclosed) Encl. No. _____

10. If the applicant is PWD, the following relevant particulars may be mentioned:

	If applicable, write 'yes'	Percentage of disability	Encl. No. of proof enclosed
(a) Blindness or Low Vision			
(b) Hearing Impairment			
(c) Locomotor Disability or Cerebral Palsy (Includes all cases of Orthopedic Handicap)			

VI. Educational Qualifications:

Exam. Passed	Name of the University	Month & Year Passed	Class/ Div/ Merit	Marks		% of Marks	CGPA if grading system is applicable	Subjects studied	Encl. No. of proof enclosed
				Obtained	Out of				
10 th Class or equivalent									
Inter/Sr. Secondary or equivalent									
Bachelor's degree (Give name)									
B.Ed. or Equivalent									
Master's Degree (Give name)									
M.Ed. or Equivalent									
M.Phil / equivalent									
Ph. D.									
Any other Degree/ Diploma (Give name)									
Technical Qualifications									

VII. (a) Whether the candidate qualified UGC/CSIR NET: Yes/No

(b) Whether the candidate has qualified UGC, JRF: Yes/No

(c) Any other equal (SET/SLET) qualification: Yes/No

(if yes, give details of Subject, year and enclose proof):

VII. Knowledge of Urdu: Whether you possess the knowledge of Urdu reading, writing and speaking (please tick YES/NO). If Yes, proof must be furnished (Encl. No. of proof enclosed : _____).

Reading	Yes	No
Writing	Yes	No
Speaking	Yes	No

IX. Total Period of Teaching Experience:

Name of the University/Institution	Designation and scale of pay	Nature of post Temporary /Permanent	Class taught		Duration (give Details)	Length of experience		Sl. No. of proof enclosed
			Under Graduate Polytechnic (if applicable)	Post Graduate		years	months	
Total:								

X. Post -Doctoral Research and other experiences:

Name of the University/Institution	Designation and scale of pay	Nature of post Temporary /Permanent	Nature of Assignment	Duration	Length of experience		Sl. No. of proof enclosed
					years	months	

XI. Administrative Experience, if any (details as proof encls no.)::

- 1.
- 2.
- 3.

XII. Academic Distinctions: (Fellowships, Awards, Honours, etc.) (proof as encls. No)
(Please give details such as name, awarded by, year etc)

- 1.
- 2.
- 3.
- 4.

XIII. Research publications:

Publications	Published (No. of Publications)	Sl.No. of proof enclosed	Accepted / In Print (No. of Publications)	Sl.No. of proof enclosed	Communicated to Publishers (other than b & d (No. of Publications)	Sl.No. of proof enclosed
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Books						
Research Publications						
Other Publications						

XIV. Branch of Specialization, if any:**XV. Supervisor for research degrees: Awarded Research in Progress**

	Awarded (No. of candidate)	Sl.No. of proof enclosed	Under Supervision (No. of candidate)	Sl.No. of proof enclosed
M.Phil. / Equivalent				
Ph.D.				

XVI. Membership of Learned Bodies

- 1.
- 2.
- 3.
- 4.

XVII. Number of literary, cultural or other activities

(e.g. attainment in sports etc.) in which the applicant is interested and Distinctions, if any, obtained the same.

XVIII. Research Projects carried out:

Title of the Project	Name of the Funding Agency	Duration			Sl.No. of proof enclosed
		From	To	No. of years / months / days	

XIX. Details of visits Abroad:

Countries visited	Purpose of visit	Duration			Sl.No. of proof enclosed
		From	To	No. of years / months / days	

XX. Participation in Corporative Life:

(Give a short account of your contribution to the College /University/ Institution where you serve or serving at present in the matter of co-curricular activities, enrichment of campus life, student Welfare, committee work, etc.)

XXI. Any other information not covered above:**XXII. Present basic pay and allowances (state separately)**

Scale: Rs.
 Allowance: Rs.
 Basic Pay: Rs.
 Dearness Allowance Rs.
 City Compensatory Rs.
 House Rent Allowance Rs.
 Any other Allowance Rs.
 Total emoluments: (per month) Rs.

(b) Date of next increment:

(c) Age of retirement in the present post:

XXIII.

(a) Whether the candidate is receiving any pension benefits? If so, the amount of pension equivalent of gratuity must be indicated.

(b) Whether the candidate would be entitled to any pension benefits on his premature retirement from his present post, if selected for appointment in the University, and, if so, the amount of pension and the pension benefits may be indicated.

XXIV. State whether you have been at any time (a) dismissed, removed or debarred from Service or (b) convicted by a Criminal Court. (Please tick YES/NO)

XXV. State how you satisfy the requirements of the advertisement in respect of qualifications and experience prescribed for the post.

XXVI. Names & address with phone numbers of two responsible persons not related to you to whom a reference can be made about you:

1.

2.

XXVII. Candidate Name & Address:

Mailing Address (Name & Address with PIN Code)		Permanent Address (Name & Address with PIN Code)	
E mail:			
Phone No. (Landline with STD code)			
Mobile No.			
Alternate Mobile No.			

XXVIII. Declaration:

I hereby declare that all the details given by me in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature may be cancelled without assigning any reason thereof.

Place : _____

Date : _____

Signature of the Applicant

XXIX. Endorsement by the Employer:

(The endorsement below is to be signed and forwarded by the Head of the Department / Employer of the organization / institution in the case of in-service candidate whether in permanent or temporary capacity).

Forwarded to Maulana Azad National Urdu University, Gachibowli, Hyderabad.

Post applied for _____, Subject _____

School/Department _____

Name _____, Date of Birth _____

Mailing Address:

Present scale (with AGP) _____, Present Basic Pay Rs: _____ p.m.

Present gross emoluments Rs _____ p.m.

Present employer (Institution):

Whether belongs to SC/ST/OBC/PWD:

Total Teaching Experience _____ Years _____ Months _____

Total Research Experience _____ Years _____ Months _____

Present position _____ NET cleared: _____, Year _____

Academic Qualifications				Publications & Research Work (Give number)		
Exam	Year	Marks %	University	Published	unpublished	Under Publication
				Books..... Research Papers..... Articles.....		
EXPERIENCE				Research Guidance Number of Scholars who have been awarded Ph.D./M.Phil. degrees under your supervision;		
Institution	Post held/Pay	From	To	Awarded	Under submission	Research in progress
				Ph.D		
				M.Phil		
				Area of specialization		

Academic Distinction/ Awards:

Any other relevant information
(Special Training, etc.)

Signature of Applicant

Date

Recommendation of the Forwarding authority,
Signature of forwarding authority with seal.



ACKNOWLEDGEMENT

Received an application from Dr./Mr./Mrs./Ms. _____
for the post of _____ in response to the
Employment Notification No.44/2017 dated 12.05.2017 along with a D.D. bearing No.
_____ dated _____ for Rs _____ drawn on Bank
_____.

Date: _____

Signature of the Receiver