**Email:** **koppaluniversity@gmail.com** **| Website:** [**www.koppaluniversity.ac.in**](http://www.koppaluniversity.ac.in)

**Application for the Post of guest faculty**

Advertisement No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Application for the post of GUEST FACULTY in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Application and Fee Details  |
| D.D. No./Challan No./UPI No. Date:  |
| Name of the Bank: Branch  |
| Amount Rs.  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Name in full** **(In Block Letters)**  |  | *Affix Your Recent Photograph* |
| 2. | **Father and Mother name**  |  |
| 3. | **Date of Birth**  | \_\_\_/\_\_\_/\_\_\_\_\_*Please attach the attested copy* |
| 4. | **Nationality**  |  |
| 5. | **Adhar No.**  |  *Please attach the attested copy* |
| 6. | **Are you belong to** **KK: Kalyana Karnataka** **NKK: Non Kalyana Karnataka** | KK / NKK\_\_\_\_\_\_\_\_*Please attach the attested copy* |
| 7. | **Category** | IIA/IIB/IIIA/IIIB/Cat – 1/SC/ST\_\_\_\_\_\_\_\_*Please attach the attested copy* |
| 8. | **Address for Communication****Mobile/Phone No****Email** |  |
| Mobile No. :  |
| E-mail : |
| 9. | **Permanent Address** **Mobile/Phone No****Email** |  |
| Mobile No. :  |
| E-mail : |

**10. Details of University Education starting from UG Degree**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree** | **Subject Studied** | **University** | **Percentage** | **Year of Passing** |
| BA/B.Com/B.Sc/BCA |  |  |  |  |
| MA/M.Com/M.Sc |  |  |  |  |
| P.hD |  |  |  |  |
| Post – DOC  |  |  |  |  |

**11. Whether passed UGC/CSIR/JRF TEST ....................................................**

*(If Yes, indicate the year and attach a copy of the certificate)*

**12. Professional/Research Associate/Teaching, experience in chronological order up to the present Post:**

*(Please attach the attested Photo copy of the Experience Certificate)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Designation** | **Period** | **Nature of the Duty and Salary***(Full Time/Part Time)*  |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total No. of years of experience:** |

**13. Publications:** Last three years publications are considered

*(Enclose the attested photo copy of the article/Cover page of the Book)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.** **No.** | **Name of the** **authors** | **Title of the Article/Book with Vol. and Page No. of the publication to be mentioned** | **ISSN/ISBN****No. with Impact Factor** | **Year of****Publication** | **Whether listed in the UGC care list** **(Yes\*/No)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| *\* If Yes attach the proof of UGC Care List*  |

**DECLARATION**

1. I hereby declare that the entries in this form are true to the best of my knowledge and belief.
2. I hereby agree to and abide by the rules and regulations of the Koppal University, Koppal.
3. I agree to the decision of the University to terminate my services at any time during my guest period in Koppal University in case of the information given in the application form is proved false and damage claimed by the University will be made good without any reservation what so ever.

Date : Signature of Applicant

Place: