**G B Pant Social Science Institute**



(A Constituent Institute of the Central University of Allahabad)

Jhusi, Allahabad 211019

Website: www.gbpssi.in

**Application Form for Faculty**

Paste your recent passport size photograph

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| In response to advertisement number | | **\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Post Applied for | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Area of Specialization | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Applicant’s area of specialization must be relevant to the area of specialization notified in the advertisement)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Personal Details** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name  (In Block Letters) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | | | | |
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| Date of Birth | |  | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | Age as on date of advertisement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Father's Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gender | | Male | | | | | | | | | |  | | | | | Female | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Community/Category | | GEN | | | | | | | | |  | | | | | | SC | | | | | | | | | | |  | | | | | ST | | | | | | | | | | | |  | | | | | | | OBC | | | | | |  | | | | EWS | | | | | | | | | | |  | | | |  | | | | | | | | |
| For any other categories, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Marital Status | | Married | | | | | | | | | | | | | | | | | | | | | |  | | | | | Unmarried | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| If physically disabled:  If applicable write Nature of disability | | Blindness or Low Vision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Percentage of Disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Attachment No. | | | | | | | | | | | |
| Hearing impairment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Locomotor or cerebral palsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| Orthopedically Handicapped | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| Present Postal Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**2. Educational Qualifications (attach additional pages if required)**

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|  | **Name of**  **The Course** | **Name of the**  **Board/University** | **Month &**  **Year**  **Passed** | **Division** | **%**  **Marks** | **CGPA**  **(if grading is**  **applicable)** | **Subjects**  **Studied** | **Attachment No.** |
| 10th Class/  Equivalent |  |  |  |  |  |  |  |  |
| 12th Class/  Equivalent |  |  |  |  |  |  |  |  |
| Graduation |  |  |  |  |  |  |  |  |
| Post Graduation |  |  |  |  |  |  |  |  |
| Any other Academic qualification |  |  |  |  |  |  |  |  |

**3. Research Degrees (attach additional pages if required)**

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| --- | --- | --- | --- | --- |
|  | **Title of dissertation** | **Date of Award** | **University** | **Attachment No.** |
| MPhil |  |  |  |  |
| DPhil/ PhD |  |  |  |  |

**4. University NET or any other equivalent Exam.**

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|  | **Subject** | **Roll No** | **Year** | **Attachment No.** |
| NET  UGC for lectureship if any |  |  |  |  |
| Any other Exam passed  equivalent to NET  (SLET/SET etc.) |  |  |  |  |

**5. Chronological List of Experiences (Including current position/Employment)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Designation & Scale of Pay** | **Name & Address of the Employer** | **Nature of Employment Permanent/Temporary/**  **Contract/Others (specify)** | **Period of**  **Experience** | | **No of Years /Months**  **(as on day of adv.)** | **Nature of**  **Work/Duties** |
| Date from | Date To |
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**6. Total Period of Experience (Please ensure that the period of Teaching & Research experiences claimed do not overlap)**

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|  | **No of Years** |
| Teaching Graduation Level |  |
| Teaching Post Graduation Level |  |
| Post-Doctoral: Teaching/ Research |  |
| Research Experience |  |
| Other Experience, if any |  |

**7. Honours, Awards, Fellowships (attach additional pages if required)**

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| **S.No.** | **Description** |
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**8. Published Papers in Journals**

**(Please attach separate sheet, if necessary)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Title**  **(with page nos.)** | **Year of Publication** | **Journal** | **ISSN/ISBN No.** | **Whether peer reviewed Impact Factor, if any** | **No. of Co-authors** | **Are you the main author** | **Applicant’s own claim for API Score\*** |
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**9. Articles Published in Books**

**(Please attach separate sheet, if necessary)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Title**  **(with page nos.)** | **Year of Publication** | **Book Title, editor & publisher** | **ISSN/ISBN No.** | **Whether peer reviewed** | **No. of Co-authros** | **Are you the main author** | **Applicant’s own claim for API Score\*** |
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**10. Papers in Conference Proceedings**

**(Please attach separate sheet, if necessary)**

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| **S. No.** | **Title**  **(with page nos.)** | **Year of Publication** | **Details of Conference Publication** | **ISSN/ISBN No.** | **No. of Co-authros** | **Are you the main author** | **Applicant’s own claim for API Score\*** |
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**11. Books**

**(Please attach separate sheet, if necessary)**

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| **S. No.** | **Title**  **(with Page nos.)** | **Year of Publication** | **Type of Book & Authorship** | **Publisher & ISSN/ISBN No.** | **Whether peer reviewed** | **No. of**  **Co-authros** | **Are you the main author** | **Applicant’s own claim for API Score\*** |
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**12. Research Projects/Consultancies/Major Policy documents for government bodies completed**

**(Please attach separate sheet, if necessary)**

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| --- | --- | --- | --- | --- |
| **Title** | **Years of commencement and Completion** | **Agency** | **Amount mobilized** | **Applicant’s own claim for API Score\*** |
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**13. Research Projects/Consultancies/Major Policy documents for government bodies Ongoing**

**(Please attach separate sheet, if necessary)**

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| **Title** | **Years of commencement and Completion** | **Agency** | **Amount mobilized** | **Applicant’s own claim for API Score\*** |
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**14. Papers in Conference/ Seminar/ Workshop etc.**

**(Please attach separate sheet, if necessary)**

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| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Title** | **Year** | **Title of Conference/Seminar** | **Organised by** | **Whether international/ national/State/ regional** | **Applicant’s own claim for API Score\*** |
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**15. Invited Lectures and Presentations at national or international conferences/symposia**

**(Please attach separate sheet, if necessary)**

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| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Title** | **Year** | **Title of Conference/Seminar** | **Organised by** | **Whether international/ national/State/ regional** | **Applicant’s own claim for API Score\*** |
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**16. Refresher Courses, Methodology Workshops, Training- Teaching- Learning- Evaluation Technology Programmes, Soft Skills Development Programmes, Faculty Development Programmes**

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| --- | --- | --- | --- | --- |
| **Name of Programme** | **Year in which Programme is held** | **Duration** | **Applicant’s own claim for API Score** | **For office use (API score check)** |
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| **Applicant’s own claim for API Score (Total of Items 8 to 16)** |  |

**17. Membership in Professional Bodies**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Organization | Annual Membership | Life Membership | Membership No |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**18. Research Guidance (No. of Students Guided)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Post**  **Graduate(No.)** | **M.Phil/Equivalent**  **(No.)** | **Ph.D. (No.)** |
| Completed |  |  |  |
| Under Supervision |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **19. Present Position** | | | | |
| **Designation** | **Name of the Institution** | **Nature of Institution**  **(Govt./Autonomous**  **Body/Self Financing/**  **Private/NGO/Others**  **(specify)** | **Basic Pay &**  **Pay Scale** | **Gross Pay/Total**  **Salary P.M.( in Rs.)** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **20. References (Three)** | | | |
|  | **Referee-1 (Present Employer)** | **Referee-2** | **Referee-3** |
| Name & Complete  Postal Address |  |  |  |
| E-Mail |  |  |  |
| Phone(Landline) with  STD Code |  |  |  |
| Mobile Ph. |  |  |  |
| Fax: |  |  |  |

|  |  |
| --- | --- |
| **21.** Are you willing to accept the minimum initial pay in the grade? If not state reasons for claiming higher starting pay. |  |

**22. List of Five Publications Submitted for Review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of Book/Paper** | **Name of Publisher/Journal** | **Year of Publication** | **Attachment No.** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

|  |  |
| --- | --- |
| **23. Total No. of self attested testimonials attached**  (Applications without self attested testimonials will not be entertained) |  |

24. Applicants are required to self-assess the following activities related to teaching and evaluation and put their own score in the last column.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Nature of Activity** | **Maximum Score** | **Applicant's own score** |
| 1 | Lectures, seminars, tutorials, practicals, contact hours undertaken taken as percentage of lectures allocated | 50 |  |
| 2 | Lectures or other teaching duties in excess of the UGC norms. Describe briefly. Attach separate sheet, if necessary. | 10 |  |
| 3 | Preparation and imparting of knowledge/instruction as per curriculum; syllabus enrichment by providing additional resources to students. Describe briefly. Attach separate sheet, if necessary. | 20 |  |
| 4 | Use of participatory and innovative teaching-learning methodologies; updating of subject content, course improvement etc. Describe briefly. Attach separate sheet, if necessary. | 20 |  |
| 5 | Examination duties (Invigilation; question paper setting, evaluation/assessment of answer scripts) as per allotment. Describe briefly. Attach separate sheet, if necessary. | 25 |  |
|  | **Total Score** | **125** |  |

25. Applicants are required to self assess the following activities related to co-curricular, extension and professional development related activities and put their own score in the last column.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Nature of Activity** | **Maximum Score** | **Applicant's own score** |
| 1 | Student related co-curricular, extension and field based activities (such as extension work through NSS/NCC and other channels, cultural activities, subject related events, advisement and counseling). Describe briefly. Attach separate sheet, if necessary. | 20 |  |
| 2 | Contribution to Corporate life and management of the department and institution through participation in academic and administrative committee and responsibilities. Describe briefly. Attach separate sheet, if necessary. | 15 |  |
| 3 | Professional Development activities (such as participation in seminars, conferences, short term, training courses, talk, lectures, membership of associations, dissemination and general articles, not covered in Table 1: Category III). Describe briefly. Attach separate sheet, if necessary. | 15 |  |
|  | **Total Score** | **50** |  |

**Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Son/Daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection committee and Board of Management meetings, my candidature/appointment may be cancelled by the Institute.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Applicant

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block letters)

(Application not signed by the candidate is liable to be rejected.)

**Endorsement by the Employer:**

(The endorsement below is to be signed & Forwarded by the Head of the Institution/Employer of the

organization/institution in the case of the in-service candidate)

**Forwarded to G B Pant Social Science Institute**

The applicant Dr./Mr./Mrs./Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has submitted this application for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the G B Pant Social Science Institute, Allahabad has been working in this organization namely \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in a temporary/contract/permanent capacity with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the scale of pay of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/She is drawing a basic pay of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Further, it is certified that the applicant has requisite qualifications/experiences as per the post advertised. There is no disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/her application being considered by the G B Pant Social Science Insitute.

Signature of forwarding Officer

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_