

BHARATHIAR UNIVERSITY COIMBATORE - 641 046

Re-Accredited with 'A' Grade by NAAC Ranked 14th among Indian Universities by MHRD-NIRF Phone: +91 422 2422222 Fax: +91 422 2425706 Website: www.b-u.ac.in

Ac	lvt. No	, Date:	
		ST OF PROFESSOR TEMPORARI THE DEPARTMENT OF EDUCAT	
1.	Name (in capitals)	:	
2.	Date of Birth	:	Please affix your
3.	Place of birth	:	photo here
4.	Sex	: Male/ Female/ Transgender	
5.	Religion	:	
6.	Nationality	: Indian /	
7.	Community	: GT/BC/BCM/MBC/DNC/SC/SC(A)	/ST
8.	Whether the applicant belongs to the category of Persons with Disabilities		
9.	Mother Tongue	:	
10	. District & State	:	
11	. Father's / Husband's Name (Strike out whichever is not applicable)	:	
	Occupation, Address & Phone No.	:	
	Mobile No.	:	

12. Address for Communication:

Residential:	Office:
Phone :	Phone:
E-mail :	E-mail:
Mobile :	Mobile:
13. Present position/ employment:	
Designation	
Scale of Pay	
Gross emoluments	

(Please enclose a Pay Certificate)

14. (a) Educational Qualification: (Start from highest)
(Please enclose the Xerox copies of the Certificates)

S. No.	Qualifications/ Examination Passed (with main subject)	University / Institution	Year of passing	% of Marks / Grade Class/ Rank	Remarks
1.	Ph.D.				
2.	M. Phil.				
3.	P.G.				
4.	U.G.				
5.	HSC				
6.	SSLC				
7.	Others if any				

14(h)	Area	of Spe	cializ	ation:
14(D)	J. Al Ea	ui Spe	CIAIIZ	auvii.

14(c). Details of Ph.D. Degree:

1. Date of submission of Ph.D. Thesis :

2. Month and year of Ph.D. Degree awarded:

3. Subject and Title of the Thesis :

14(d). Post Doctoral Work if any :

14(e). Details of SLET/SET/NET passed, conducted by UGC/CSIR/Similar Tests Accredited by the UGC

Name of the Eligibility Test	Subject	Month & Year of Passing

15. (a) Experience: (Teaching)

(Please enclose the Xerox copies of the Service Certificates – If issued by the Self-Financing Institutions, it is to be authorized by the Competent Government Authority)

S.	Level	Name of the	Position/	Dura	tion	Years of
No.		Institutions	Designation	From	То	experience
I.	College Level 1. UG					
	2. PG					
II.	University Experience 1. UG					
	2. PG					

15.(b) If employed:

SI.	Position /	Name of the	Dur	ation	NOC enclosed
No.	Designation	Institution	From	То	or not
I.					

15.(c) Research Supervision:

S. No.	Positions held	Name of the Institutions	Research Guidance (Degree Awarded) No. of Candidates		Post Doctoral Research
			M.Phil.	Ph.D.	
1.					
2.					

16. Have you operated Research Schemes sponsored or supported by Local (State), National (UGC, CSIR, ICAR, ICMR etc.) International (UN, UNO, UNES, WHO, FA etc.). If yes, please furnish particulars. Viz. Name of the Scheme, Date of sanction with number and amount etc.

16.a. Completed : **b.** Ongoing :

17. Experience (Administration):

S. No.	Positions held		Name of the Duration Institutions		Years of experience
140.		Institutions	From	То	experience
1.					
2.					

18. Training undergone:

S.	Nature of Training Theme N		Name of the	Duration	
No.	(Academic/ Administration)		Institutions	From	То
1.	Workshop				
2.	Refresher Courses				
3.	Orientation Courses				
4.	Conferences				
5.	Symposiums				
6.	Congress				
7.	Seminars				

19. Other Academic services:

S. No.	Nature of Service	Institution / Duration University	Duration		Total years of
			From	To	experience
1.	Chairman / Member Board of Studies				
2.	Chairman / Member Question Paper setting Board				
3.	Chairman / Member Selection Committee				
4.	Chairman / Member Experts Committee				
5.	Member Academic Council				
6.	Senate Member				
7.	Syndicate Member				

20. Other Experiences:

S.		Name of the	Period		Years
No.	Positions held	Institution	From	То	of experience
1.	NSS Officer/Co-ordinator				
2.	NCC Officer				
3.	Co-ordinator - CDC				
4.	Member of Govt. Bodies / Institution				
5.	Dean / Director				
6.	Deputations to overseas, etc.				

21. Award or Prize/Distinction received (if any):

S. No.	Name	Institution	Purpose of Award
1.			
2.			

22. Membership /	/ Fellowshi	p:
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S. No.	Name	Institution	Received
1.			
2.			

23. Research contributions :

S. No.	Degree	Awarded	Synopsis submitted
1.	D.Sc. / D.Lit.		
2.	Ph.D.		
3.	M. Phil.		

24. (A.) Projects undertaken:

S. No.	Title of the Project	Sanctioning Authority	Funds allotted
1.			
2.			

24. (B.) Publications: (Books)

S. No.	Title of the Book	Publisher

25. Research Papers / Publication of the Articles: with ISBN/ISSN Numbers

S. No.	Title of the Article	Journal in which published	Month & year of publication	ISBN/ ISSN No.

S. No.	Type of action		Nature of Punis	shment
27. Lan	guages known:			
S. No.	Name of the Language	Read	Write	Speak
1.	Tamil			
2.	English			
3.				
4.				
28. Oth	er Skills:			
S. No.	Type of Skill		Nature of proficiency	
po	ease provide a write-up of what osition you have applied (not exc			selected for the

30. Check List of enclosure: (Tick in the appropriate column)

S. No.	Enclosure (Attach attested Xerox copies only)	Attached	Not Attached
1.	Age Proof – Birth Certificate		
2.	SSLC First Page		
3.	Community Certificate		
4.	UG / PG / M.Phil. / Ph.D. Degree Certificates		
5.	NOC & Service Certificate		

31. Declaration:

I, hereby declare that the entries in this form are true to the best of my knowledge and belief, that I have perused the copy of the general conditions of service in the Bharathiar University and that if selected I will abide by the same.

PLACE :	
DATE:	SIGNATURE OF THE APPLICANT
