S.S. Khanna Girls' Degree College

179 D, Attarsuiya , Allahabad-211003 **www.sskhannagirlsdc.ac.in**
A Constituent College of University of Allahabad

Application Form For- **Teaching post** -Assistant Professor

(B.Ed. Under Self –Finance)

Advertisement No.: SSK-B.Ed./01/Appointments-2023	
(For office use only) Registration Number _____Date: _____ (Signature)	Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form

1. Details of fee payment (The requisite fee may also be remitted through online) -

Number	Transaction ID (attached receipt)	Date	Amount (Rs)	Name of Bank	Bank's branch name

2.	**Name of the Applicant** (In Capital Letters)	First Name		Middle Name	Surname

3.	**Date of birth**	Day	Month	Year	Age as on last date of advertisement	Years	Months

4.	**Place of birth**	City/Village		State	Country

5.	**Father's Name**	
6.	**Mother's Name**	

7.	**Nationality**		**8. Gender**	Male/ Female

9.	**Community/ Category** (Please strike out whichever options are not applicable)	GEN / OBC / SC /ST /Other categories give details _____ S.No. of proof enclosed _____

10.	**Marital status**	Married / Unmarried/ Divorced / Name of spouse _____
11	**Aadhar no.**	
12	**Differently abled-**	
13 A	**Permanent Address (with pin code)**	
13 B	**Postal Address (with pin code)**	

Email ID		
Mobile No.		
Landline No. with STD Code		

14-Educational qualifications: -

	Name of the course	Name of the Board/ University	Month & Year passed	Div/ CGPA/ Grade	% of obtained Marks (pl. indicate equivalent to CGPA also))	Max. Marks (pl. indicate to CGPA also)	Subjects studied
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
10th Class. / equivalent							
12th Class/ Higher Secondary equivalent							
Bachelor's degree							
Master's degree							
B.Ed./B.P.Ed.							
M.Ed./M.P.Ed.							
M.Phil./equivalent (1 Year Programme)							
M.Phil./equivalent (2 Year Programme)							
Ph.D.			Date of Registration	Date of Submission	Date of Award		
		Title of Thesis					
NET/ SLET for lectureship, if any		Subject			Roll No.		
Any other exams passed							

15. Chronological list of experience (starting from current position/ employment)

Designation	Scale of pay & present pay	Name & address of employers	Period of Experience			Nature of work/ duties	
			From date	To date	TOTAL		
(a)	(b)	(c)	(d)	(e)		(g)	(h)

 * (Add separate sheet if required, to be annexed at relevant S.No.)

16. Nature of experience

a) Teaching	No. of Years	No. of months	
i) Under-graduate level			
ii) Post-graduate level			
b) Post-doctoral experience			
c) Other experience, if any			
Total experience			

 * (Add separate sheet if required, to be annexed at relevant S. No.)

17. Details of Post doctoral experience

Agency	Host Institute	From date	To date	Duration	
Total experience :		Years	Months		

 * (Add separate sheet if required, to be annexed at relevant S.No.)

18.Academic distinctions

Name of the Academic Course/ Body		

 * (Add separate sheet if required, to be annexed at relevant S.No.)

ACADEMIC PERFORMANCE INDICATORS

CATEGORY:

A. Research Papers published in Refereed Journals and Other Reputed Journals as notified by UGC

S. No.	Title with page nos.	Journal/ Proceeding	ISSN/ISBN No,	Refreed / Non Refreed	Whether peer reviewed. Impact Factor, if any	No. of co-authors	Whether you are the main author		

B Publications other than journal articles (books, chapters in books)

S. No.	Book Title,	Chapter Title with page	ISSN / ISBN No	Whether peer reviewed.	No. of co-authors	Whether you are the main author		

C - RESEARCH PROJECTS

(i) Sponsored Projects

S.No	Title of the Project	Funding Agency	Principal / Co-Investigator	Major / Minor Project	Amount of Grant Rs in lakh		

(ii) Consultancy Projects

S.No	Title	Agency	Period	Amount of Grants Rs in lakh		

(iii) Projects Outcome / Outputs

S.No	Title	Agency	Period	Type	Whether policy document/ patent outcome		

D. RESEARCH GUIDANCE

		Thesis Submitted	Degree awarded		
(i)	M.Phil.				
(ii)	Ph. D.				

E (i) FELLOWSHIPS, AWARDS

S.No.	Title of Fellowship / Award	Duration	Sponsored/Awarded by	International /national/ state / regional /college or university level		

(ii) INVITED LECTURES/PAPERS

Title of Lecture /Academic Session/ Subject	Organising Institution (with City & Country)	Type of Conference/ Seminar/ Workshop (National/International)	Date of Lecture	Duration (in Mins.)		

F- DEVELOPMENT OF E-LEARNING DELIVERY PROCESS/MATERIAL

S. No	Title of e-learning delivery process/material	

SUMMARY OF API SCORES

Category	Criteria	l API score Claimed	API score verified
A	Research		
B	Publications		
C	Research Project		
D	Research guidance		

E	Fellowship awarded		
F	Development of e-learining		

Note : Please attach self attested photocopy otherwise No weightage will be given in screening.

Declaration

I,_____son/daughter of
_____ do 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 found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature/ appointment may be cancelled by the College/ University of Allahabad.

I have never been convicted or contemplated for any un lawful activity.

<div align="right">Signature of the Applicant</div>

Date : _____   _____

<div align="right">Name (in BLOCK LETTER)</div>

  *Application not signed by the candidate is liable to be rejected

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Endorsement by the EMPLOYER

The applicant_____who has submitted this application for the post of
_____ in S.S. Khanna Girls' Degree College, Allahabad, has been in employment_____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 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 S.S. Khanna Girls' Degree College, University of Allahabad,

<div align="right">Signature of the forwarding officer</div>

Place:_____   Name :_____

Date:_____   Designation: _____