

**UNIVERSITY GRANTS COMMISSION**

**FORM OF APPLICATION**

POST: .....

(Indicate the name of the post as given in the advertisement)

01. (a) Name with initials : 


(b) Names denoted by Initials : 


02. Whether Rev./Mr./Mrs./Miss : 

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03. (a) Postal Address : 


  
(Any change should be communicated immediately)

(b) Contact Telephone No. : 


(c) E-mail Address: 


04. National Identity Card No. : 

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05. (a) Date of Birth : 

Year	Month	Date

(b) Age as at the closing date of application : 

Years	Months	Days

06. Civil Status : 

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**07. Qualifications- (All qualifications to be considered should be indicated in the application)**

**(a) Postgraduate Qualifications**  
(Attach copies of certificates)

Postgraduate Degree/Diploma	University	By Course or By Research	Date of Commencement			Effective Date			Duration (Prescribed period of Registration)
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									
5.									

**(b) Training/Workshops attended in Quantitative and Qualitative Research, Research Methodology, Sampling, Statistics.**  
(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop	From			To			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

08. **Research & Publications** :  
(If space is insufficient, please use separate sheet of same size)

09. **Any other academic distinctions scholarships, medals, prizes etc.:**  
(indicate the Institution from which such awards have been obtained)  
(Attach copies of certificates)

10. **Present Occupation** :

1. **Post** :

2. **Date of appointment to such post** :

3. **Whether confirmed in the present post** :

4. **Place of work with the Address** :

5. **Salary Scale of the post** :

6. **Present Salary** a. **Basic Salary** :

b. **Allowances** :

11. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :

Years	Months	Days

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

12. (Names of two non related referees with addresses and Contact Nos.)

Name	Designation	Address	Contact No: Email Address
1.			
2.			

I do hereby certify that particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Date: .....

.....  
Signature of Applicant

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Secretary,  
University Grants Commission.

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 11 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

Remarks if any :

Vice-Chancellor

University: .....

Date: .....

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