



Dr. Bhimrao Ambedkar University, Agra
डॉ. भीमराव आम्बेडकर विश्वविद्यालय , आगरा



Application for the Guest Faculty Session 2022-23

Subject : **Institute/Department/College :**

GENERAL INFORMATION AND ACADEMIC BACKGROUND

FIRST NAME			PHOTO
MIDDLE NAME			
LAST NAME			
FATHER'S NAME			
DATE OF BIRTH			
GENDER			
CATEGORY			
MARITAL STATUS			
EMAIL			
MOBILE			
TELEPHONE		AADHAR NO	
PAN CARD		NATIONALITY	
PHYSICALLY HANDICAPPED?		HANDICAPPED TYPE	
CORRESPONDENCE ADDRESS			
CORRESPONDENCE STATE		CORRESPONDENCE CITY	
CORRESPONDENCE PIN CODE			
PERMANENT ADDRESS			
PERMANENT STATE		PERMANENT CITY	
PERMANENT PIN CODE			
NAME OF CURRENT EMPLOYER IF ANY			
CURRENT DESIGNATION			
TOTAL PAY SCALE			

Payments Details

DD Number	Name of the Bank
Date of Issue	
Amount	

Academic and other qualification

EXAMINATION	NAME OF THE SCHOOL/INSTITUTE	NAME OF THE BOARD/ UNIVERSITY	MONTH & YEAR OF PASSING	DIVISION /% OF MARKED OBTAINED	RESULT CRITERIA	SUBJECTS

Ph.D. Status :

Awarded	Submitted	Pursuing
Topic of the Ph.D.	Topic of the Ph.D.	Topic of the Ph.D.
Year of Award :	Date of Submission :	Date of Registration :

Other Academic and qualification details

EXAMINATION	SCHOOL/ INSTITUTE	BOARD/ UNIVERSITY	MONTH & YEAR OF PASSING	DIVISION, % OBTAINED	RESULT	SUBJECTS

Appointments held's prior to the Present Employment

NAME OF THE EMPLOYER/ DESIGNATION	NATURE OF DUTIES / EXPERIENCE TYPE	DOJ/ DOL	REASON OF LEAVING	EXP. IN YEAR/ MONTH	NATURE OF APPOINTMENT	SALARYIN/ GRADEPAY	SALARY WITH GARDE
		<input type="text"/> <input type="text"/>					
		<input type="text"/> <input type="text"/>					
		<input type="text"/> <input type="text"/>					
		<input type="text"/> <input type="text"/>					

Post/s held with present employer :

EMPLOYER / DESIGNATION	NATURE OF DUTIES / EXPERIENCE TYPE	DOJ/ DOL	EXP. IN YEAR/ MONTH	NATURE OF APPOINTMENT	SALARYIN/ GRADEPAY	SALARY WITH GRADE PAY
		<input type="text"/> <input type="text"/>				

A) Period of teaching experience

IN YEAR , MONTH	
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B) Industrial and technical experience

IN YEAR , MONTH	
-----------------	--

C) Administrative Experience

IN YEAR , MONTH	
-----------------	--

D) Research Experience Excluding Year

IN YEAR , MONTH	
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Fields Of Specialization Under the Subject/Discipline

A)	
B)	
C)	
D)	

Any Other Information Relevant To the Post Applied For And Not Covered By The Applicant Earlier:

Orientation/Refresher Course/Quality Improvement (QIP) Attended

NAME OF COURSE	PLACE	YEAR	DURATION	AGENCY

Particulars Of the Three References

NAME	DESIGNATION	ADDRESS	EMAIL	CONTACT

Language Proficiency

LANGUAGE	READ	WRITE	SPEAK	EXAMINATION PASS (IF ANY)	MOTHER TONGUE
HINDI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ENGLISH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extension Activities,Award etc**A) Membership of/nomination on professional/other bodies**

NAME	POSITION HELD	NO. OF YEAR	CONTRIBUTION FOR WHICH AWARD IS GIVEN

B) Detail Of Award,If Any Received

NAME OF AWARD	AWARDING INSTITUTE	YEAR	CONTRIBUTION FOR WHICH AWARD IS GIVEN

SECTION-II PROFORMA FOR CALCULATING API SCORE (CATEGORY : III RESEARCH, PUBLICATION AND ACADEMIC CONTRIBUTIONS)

(Evidences to be provided along with the application for the final verification)

A)Published Papers in Journals (Use Separate sheets if required)

Title	Journal with Vol	Journal with Page No/ Year	ISSN/ISBN No., If Any	Whether Peer Reviewed.Impact Factor,If Any	No. Of Co-authors	Whether You are the main Author/Guid/Mentor	Journals Category	API Score

B) (I)Complete Book Published And Articles/Chapter published in Books (Use Separate sheets if required)

TITLE	BOOK CHAPTER	BOOK TITLE EDITOR & PUBLISHER	ISSN/ISBN NO., IF ANY	WHETHER PEER REVIEWED. IMPACT FACTOR, IF ANY	NO. OF CO-AUTHORS	WHETHER YOU ARE THE MAIN AUTHOR/GUID/MENTOR	API SCORE

B) (II) Full Papers in Conference Proceedings (Use Separate sheets if required)

TITLE	DETAIL OF CONFRENCE PUBLICATION	ISSN/ ISBN NO., IF ANY	NO. OF CO-AUTHORS	WHETHER YOU ARE THE MAIN AUTHOR/GUID/MENTOR	API SCORE

Patents registered/ filed(with registration No. & Date)

TITLE	PATENT APPLICATION REGISTRATION NO	PATENT APPLICATION REGISTRATION DATE	DATE OF AWORD OF PATENT	PATENT REGISTRATION NO	

C) Ongoing and Complete Research Project and Consultancies:

C) (I & II) Ongoing Project/Consultancies

TITLE	RESEARCH PROJECT/ CONSULTANCIES	AGENCY	PERIOD WITH DATES	GRANT/ AMOUNT MOBILZED	API SCORE

C) (III & IV) Complete Projects/Consultancies

TITLE	RESEARCH PROJECT/ CONSULTANCIES	AGENCY	PERIOD WITH DATES	GRANT/ AMOUNT MOBILZED (₹ LAKH)	WHETHER POLICY DOCUMENTS/ PATENT AS OUTCOME	API SCORE

D) Research Guidance

E (I) Training Courses,Teaching-Learning-Evaluation Technology Programes, Faculty Development Programes

PROGRAMME	DURATION WITH DATES	ORGANIZED BY	API SCORE

E) (II) Papers presented in Conferences, Seminars, Workshops, Symposia (Use Separate sheets if required)

TITLE OF THE PAPER PRESENTED	TITLE OF CONFERENCE/ SEMINAR ETC WITH DATES.	ORGANIZED BY	WHETHER INTERNATIONAL/ NATIONAL/ STATE/ REGIONAL/ COLLEGE OR INSTITUTE LEVEL	API SCORE

E)(III) Invited Lectures and Chairmanships at national Or International conferences /Seminar etc.

TITLE OF LECTURE/ ACADEMIC SESSION	TITLE OF CONFERENCE/ SEMINAR ETC WITH DATES	ORGANIZED BY	WHETHER INTERNATIONAL/ NATIONAL	API SCORE

E) (IV) Organizing Conferences

PROGRAM	FROMDATE	TODATE	ORGANIZING INSTITUTE

F)Administrative Support

ADMINISTRATIVE SUPPORT	DETAILS

SECTION-3 Final Summary of API Score

SR	CRITERIA	APISCORE

Declaration

I hereby solemnly certify that the information provided in this application form is true and correct to the best of my knowledge and belief and I fulfill minimum eligibility as specified by UGC. I also confirm that I have never been convicted by the any court of law or suspended/dismissed by any employer/organization from job. I understand that if any of the information given by me in this application form is found to be incorrect, or I have concealed/misrepresented any information, my candidature/ appointment is liable to be cancelled/terminated at any stage without assigning any reason therefore. I confirm that I shall abide by decision(s) of the Institute with regard to my application/selection.

Place : _____ Signature of the applicant : _____

Date : _____ Designation : _____

We have "**No objection**" to his application being considered and, if selected, for his/her appointment to the concerned post in your Institute.

Place : _____
Date : _____ Signature & Name of the Authority competent to forward this application with seal

Note : Download the Application form in the above prescribed format and send duly filled Application Form with all attachments (Self attested) to The Assistant Registrar (RW-Department), Dr. Bhimrao Ambedkar University, Paliwal Park Campus, Agra, Uttar Pradesh, India-282002