



St. George's College Aruvithura

Estd. 1965

- Affiliated to Mahatma Gandhi University
- Re-accredited with A++ Grade by NAAC

Aruvithura P.O., Kottayam, Kerala - 686122
Ph: 04822 272220, 8078064220

www.sgcaruvithura.ac.in

Application No :

APPLICATION FORM

Application for the Post of Assistant Professor in
in pursuance of the notification dated in

QUOTA

- Open
- PWD
- Community

*Affix
passport size
photo*

PERSONAL INFORMATION

- Name (in block letters) : _____
- Age and Date of Birth : _____
- Sex : Male Female Transgender
- Permanent Address : _____
with pincode _____
- Communication Address : _____
with pincode _____
- Phone Number : _____
- Email Address : _____
- Religion : _____
- Caste : _____
- Community : _____
- Category : SC ST Christian Minority
Others _____
- Marital Status : _____

ACADEMIC DETAILS

13. Academic Records

Academic Qualifications	Subject / Class / Rank	Marks / Grade Awarded	Max. Marks / Grade	Percentage of Marks	University / Board	Year of Passing
Tenth Standard						
Pre-Degree / Plus Two						
Graduation						
Post Graduation						
M.Phil						
Ph.D						
NET						
NET with JRF						
Any Other						

TEACHING EXPERIENCE

14. Teaching experience in University Departments/University Centers/Government /Aided Colleges/All Collegiate Services under Kerala PSC. (Experience prior to the acquiring of minimum qualification prescribed by UGC shall not be counted)

Sl.No	Teaching Experience Details	Duration	
		From	To

POST-DOCTORAL EXPERIENCE

15. Post-Doctoral Experiences if any

Sl.No	Post-doctoral experience details (Nature/ Title, Institute/ Organization)	Duration	
		From	To

PROFICIENCY IN ICT ENABLED TEACHING PRACTICES

16. Evidence to be given from e-content developed and published in UGC Information Network (UGC INFONET) / EMMRC/ Consortium for Educational Communication (CEC) website.

INNOVATIVE TEACHING PRACTICES

17. Evidence to be given from new technologies/programmes like MOOC programmes uploaded in SWAYAM platform of UGC/Participation of LMS/CMS for Universities and other Higher Education Institutions/Virtual laboratory-remote laboratory development etc.

RESEARCH PUBLICATIONS

18. Research Published in Peer-Reviewed or UGC-carelisted Journals

Sl.No	Title of the paper and Year of Publication	Name of the Journal, Publisher, Impact factor, ISSN	Whether peer reviewed or UGC-Carelisted. Give details.	Whether Indexed. Give details.	No. of Co-authors

NB: Attach Cover page of the Journal and 1st page of the published work

PAPERS PUBLISHED IN PROCEEDINGS

19. Proceedings (with ISSN) of International / National Seminars / Conferences funded by UGC / CSIR / DRDO / DBT / DST/ ICAR / ICSSR and similar organizations/Departments

Sl.No.	Title of the paper and year of publication	Seminar/ Conference details / Funding source:

PATENTS RECEIVED

20. Patents received if any

Sl.No.	Title of the Patent, Date of publication, National/International	Patent Number

BOOKS/ CHAPTERS IN EDITED BOOKS

21. Books of national/international publishers with ISBN may only be considered

Sl. No.	Title of the Book, Month and year of publication	Name of the Publisher, ISBN	Book/ Book chapter	Sole author/ Co-author

INVITED KEY NOTE ADDRESS/PLENARY TALK

22. Key note address/plenary talk (in relevant area) in International conference/symposia funded by reputed agencies like UGC/CSIR/DRDO/ICAR/ICSSR/DST/DBT/State agencies may only be considered.

Sl. No.	Title and date of the talk	Details of conference/ symposia	Funding source

ACADEMIC AWARDS RECEIVED

23. Award given by International Organizations / Government of India / Government of India recognized National Level Bodies / State Government

Sl. No.	Award Details, Organization, Date, etc.	International/ National/ State level

REFERENCES

24. Name, Address, Email Id & Mobile number of two Referees:

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25. Any other information the applicant might like the selection committee to consider in support of the application:

DECLARATION

I,, do hereby declare that all the details given in this application are true to the best of my knowledge and belief.

Place :

Signature of the Applicant

Date :

Note:

- *Enclose self-attested true copies of all the documents in proof of age, qualifications, experiences and all claims.*
- *Additional sheets with similar tables can be attached if needed.*
- *Incomplete applications will be summarily rejected.*

FOR OFFICE USE

Name :

Application Number :

Applied for :

Application received on :