

## **ST. XAVIER'S COLLEGE VAIKOM**

KOTHVARA P. O., VAIKOM, KOTTAYAM, KERALA - 686 607 (Affiliated to the Mahatma Gandhi University, Kottayam) e-mail: <u>stxaviersvkmapp@gmail.com</u> Phone: 9544958526, 9447697029

## APPLICATION FOR THE POST OF ASSISTANT PROFESSOR IN .....

1.	Name of applicant (Capital Letters)	:
2.	Sex	:
3.	Marital Status	:
4.	Date of Birth (Christian Era)	:
5.	Age (Year & Month)	:
6.	Place of Birth	
7.	Religion & Cast	:
	(State whether SC/ST/OBC)	
8.	Name of Father/Guardian	:
9.	Permanent Address	:

- 10. Address to which communication are to be sent
- 11. Phone Numbers
- 12. E-mail id
- 13. Academic record beginning with SSLC

Course	School/College/Inst itution	University/Board	Year of Passing	Class or Distinction	Total Marks	% Mark

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## 14. Research Experience

The candidate may furnish an outline of the types of research work by him/her, the areas of Investigation, synopsis of the work, his/her present concerns etc., along with full particulars of publications, if any

## 15. Details of NET Exam Passed

The year of Passing Reg. No.

16. History of Employment (Please begin with the present or most recent position held)

Name of Employer	Designation	Date of Joining	Date of Leaving	Nature of employment	Salary

17. Extra-curricular activities/Hobbies.

18. Any additional information which the candidate desires to attach with the application.

19. List of Documents to prove age, qualification, experience, age relaxation etc.(Photocopies of certificates mentioned in the application form are to be punched and the firmly with a strong thread to the application)

- 20. Reference Persons with contact No.
  - 1)
  - 2)
- 21. Declaration:

I affirm that the information given in the application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or my employment terminated. Place :

Date :