

**MANIPUR UNIVERSITY: CANCHIPUR**

**(A Central University Established by the Parliament)**

**Application Form for Assistant Professor**

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| Post applied for :  Department/Centre :  Specialization of the post :  Category (Tick the applicable) : UR☐ OBC☐ SC☐ ST☐ PWD☐  If applying for more than one posts, give details :  If applied for a post/posts earlier in response to  previous advertisements of the University, give details : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(For office use only)**  Date of Receipt:  No. of Enclosures Claimed \_\_\_\_\_\_\_\_  Attached\_\_\_\_\_\_\_\_    (Signature) | | | | | | | | | | | | | Manipur University  Website: www.manipuruniv.ac.in  Advertisement No.\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form | | | | | | | | | |
| Details of fee payment (The requisite fee has to be remitted through RTGS/NEFT to State Bank of India, Manipur University Branch, Canchipur, Imphal on Account No. 35870889269 & IFSC: SBIN0005320) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transaction ID  (attach receipt) | | | | Date | | | Amount | | | | | Mode of Payment  (Online/Cash at Bank Counter) | | | | | | | | | | | | | Name of Bank and Branch | | | | | | | | | | |
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| 1. | Name  (In Capital Letters) | | | | | First Name | | | | | | | | | | | | Middle Name | | | | | | | | | Surname | | | | | | | | |
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| 2. | Date of birth | | | | | Day | | | | Month | | | | Year | | | | Age as on last date of advertisement | | | | | | | | | Years | | | | | Months | | | |
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| 3. | Place of birth | | | | | City/Village | | | | | | | | | | | | State | | | | | | | | | Country | | | | | | | | |
| 4. | Father's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Mother's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Gender: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Community/ Category  (Please strike out whichever options are not applicable) | | | | | | | | If SC/ST/OBC/PWD, give details:    S. No. of proof enclosed : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Marital status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | If differently abled (PWD), indicate the relevant particulars | | | | | | | | | | | | | | | Yes/ No | | | | | | Percentage of disability | | | | | | | | | S. No. of proof of enclosure | | | | |
| a. Blindness or low vision: | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | |
| b. Hearing impairment | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | |
| c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped) | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | |
| **11. Details for contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Mailing address: | | | | | | | | | | | | | | | | | | | (b) Permanent address: | | | | | | | | | | | | | | | | |
| (c) E-mail: | | | | | | | | | | | | | | | | | | | (d) Mobile/Telephone: | | | | | | | | | | | | | | | | |
| **12. Educational qualifications** (Add additional sheets in the same format, if required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Name of course | | Name of the Board/ University | | | | | | Year passed | | | | Division | | CGPA  (if grading is applicable) | | | | | | % of Marks (pl. indicate equivalent to CGPA also) | | | | | | Subjects studied | | | | | S. No. of proof of enclosure | |
| (a) | | (b) | | | | | | (c) | | | | (d) | | (e) | | | | | | (f) | | | | | | (g) | | | | | (h) | |
| 10th Class / equivalent | | |  | |  | | | | | |  | | | |  | |  | | | | | |  | | | | | |  | | | | |  | |
| 10+2/Hr. Sec. equivalent | | |  | |  | | | | | |  | | | |  | |  | | | | | |  | | | | | |  | | | | |  | |
| Bachelor's degree | | |  | |  | | | | | |  | | | |  | |  | | | | | |  | | | | | |  | | | | |  | |
| Master's degree | | |  | |  | | | | | |  | | | |  | |  | | | | | |  | | | | | |  | | | | |  | |
| M. Phil. | | |  | |  | | | | | |  | | | | Title: | | | | | | | | | | | | | | | | | | |  | |
| Ph. D./D.Phil. | | |  | |  | | | | | |  | | | | Title: | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | Subject | | | | | | | | | | | | | | | | Roll No. | | | | | | | | | Year | | | | |  |
| NET with JRF | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  |
| NET | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  |
| SLET/SET | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  |
| **13. Teaching experience** (Add additional sheets in the same format, if required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation | | Scale of pay & present Basic & AGP | | | | | | Name & address of employers | | | | | | | | | | | | Period of Experience | | | | | | | | | | | | | S. No. of proof of enclosure | | |
| From | | | | To | | | | Duration | | | | |
| (a) | | (b) | | | | | | (c) | | | | | | | | | | | | (d) | | | | (e) | | | | (f) | | | | | (g) | | |
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| **14. Details of Post-Doctoral Experience** (Add additional sheets in the same format, if required) | | | | | | | | | | | | | | |
| Agency | | Host Institution | | | Period of Experience | | | | | | | | S. No. of proof of enclosure | |
| From | | | To | | Duration | | |
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| **15. Awards/Fellowships** (Add additional sheets in the same format, if required) | | | | | | | | | | | | | | |
| Name of the Awarding Body/Organization | | | | Name of the award | | | Level:  International/National/State | | | | | S. No. of proof of enclosure | | |
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| **16. RESEARCH PUBLICATIONS AND ACADEMIC CONTRIBUTIONS** | | | | | | | | | | | | | | |
| **16(A). Research Papers in Peer-Reviewed or UGC listed Journals** (Add additional sheets in the same format, if required) | | | | | | | | | | | | | | |
| S. No. | Title of the paper | | Journal with volume, page nos. and year | | | ISSN/ ISBN No. | | | †Impact factor | | Whether you are the first or corresponding author | | | S. No. of proof of enclosure |
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† Impact factor to be determined as per Thomson Reuter list.

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| **16(B). Publications other than Research papers** | | | | | | | | | | | | |
| 16(B)(i). Books **authored/edited** and published by International/National Publishers (Add additional sheets in the same format, if required) | | | | | | | | | | | | |
| S. No. | Book Title | | | Name of the Publisher | | Whether International or National | | ISSN/ ISBN No. | | Whether you are the first author/editor | | S. No. of proof of enclosure |
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| 16(B)(iii). Chapters **authored** in edited Books and published by International/National publishers (Add additional sheets in the same format, if required) | | | | | | | | | | | | |
| S. No. | | Chapter Title | Book Title | | Name of the Publisher | | Whether International or National | | ISSN/ ISBN No. | | Whether you are the first author | S. No. of proof of enclosure |
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| 16(B)(ii). Books **translated** and published by International/National Publishers (Add additional sheets in the same format, if required) | | | | | | | | | | | | |
| S. No. | Book Title | | | Name of the Publisher | | Whether International or National | | ISSN/ ISBN No. | | Whether you are the first author | | S. No. of proof of enclosure |
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| 16(B)(iv). Chapters (**translated work)** in Books and published by International/National publishers (Add additional sheets in the same format, if required) | | | | | | | | | | | | |
| S. No. | | Chapter Title | Book Title | | Name of the Publisher | | Whether International or National | | ISSN/ ISBN No. | | Whether you are the first author | S. No. of proof of enclosure |
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| 16. Invited lectures/Resource Person/Paper presented in Seminars/Conference/full paper in Conference Proceedings (Paper presented in Seminars/Conferences and also published as full paper in Conference Proceedings will be counted only once) - ***Mention only up to a maximum of Ten [10]*** | | | | | |
| S. No. | Title of the Paper | Title of Conference / Seminar etc. | Name of the Organizer & Date | Level: International/ National/State | S. No. of proof of enclosure |
| 1. |  |  |  |  |  |
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| 17. Names and complete postal addresses of 2 referees (The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant) | | |
|  | Referee-1 | Referee-2 |
| Names: |  |  |
| Complete postal address: |  |  |
| Email: |  |  |
| Phone (Landline) with STD code |  |  |
| Mobile: |  |  |
| Fax: |  |  |

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| **18. Please tick the enclosures attached** | | | |
| S. No. | Check List | S. No. of enclosure | No. of sheets |
|  | Matriculation certificate & mark sheet |  |  |
|  | Intermediate certificate & mark sheet |  |  |
|  | B.A./ B.Sc./ B.Com. certificate & marksheet |  |  |
|  | M.A./ M.Sc./ M.Com. certificate & marksheet |  |  |
|  | L.L.B. certificate & marksheet |  |  |
|  | L.L.M. certificate & marksheet |  |  |
|  | MTech /L.L.M./ M. Phil. Certificate & marksheet |  |  |
|  | Ph.D./ D. Phil. Degree certificate |  |  |
|  | D.Litt., D.Sc., L.L.D. degree certificate |  |  |
|  | NET-JRF, NET, SLET, SET award certificate |  |  |
|  | OBC/SC/ST certificate issued by the Competent Authority |  |  |
|  | PWD certificate |  |  |
|  | Teaching Experience certificates |  |  |
|  | Post-Doctoral Experience certificates |  |  |
|  | Proofs of Awards (for academic distinctions) |  |  |
|  | Research Papers in Peer-Reviewed or UGC-listed Journals |  |  |
|  | Publications other than Research Papers |  |  |
|  | Invited lectures/Resource Person/Paper presented in Seminars/Conference/full paper in Conference Proceedings |  |  |
|  | Any other supporting document |  |  |

**Total number of sheets enclosed:** \_\_\_\_\_\_\_\_\_ (please give sequential number to each sheet and signature with date).

**19. Have you been reprimanded ever?** Yes/No

Give detail if yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **20. Any other information/ qualification relevant to the post applied for:** |

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| **21. Declaration** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/ daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 University.  I have never been convicted or contemplated for any unlawful activity.  \*Signature of the Applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Full Name in candidate’s handwriting)  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Application not signed by the candidate is liable to be rejected |

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| **22. Endorsement by the EMPLOYER** |
| a) In case of in-service candidates in Government/ Semi-Government organizations/ Public Sector Undertakings / Autonomous Organizations, the endorsement form must be signed by the employer.  b) In case of in-service candidates from Private Sector, acceptance of resignation and relieving letter from the employer must be submitted at the time of joining.  Forwarded to the Registrar, Manipur University, Canchipur, Imphal-795003  The applicant Dr./Mr./Mrs/Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has submitted this application for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Manipur University, 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. His/ Her next increment is due on \_\_\_\_\_\_\_\_\_\_\_  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 the Manipur University, and in the event of selection, he/she will be relieved to join Manipur University as per rules.  Signature of the forwarding officer  Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |