DR. B.R. AMBEDKAR CENTER FOR BIOMEDICAL RESEARCH
UNIVERSITY OF DELHI, DELHI-110 007

APPLICATION FORM FOR PANEL FOR THE POST OF
ASSISTANT PROFESSORS(AD-HOC) FOR M.SC. IN BIOMEDICAL SCIENCES
FOR THE ACADMIC YEAR 2019-2020

1. **Name (in block letter) Mr./Ms./Dr.** : _____

    (Write appropriate Title before name)

2. Father's/Husband's Name : _____

3. Date of Birth : _____

4. Category (General/Scheduled Caste/ : _____

    Scheduled Tribe/OBC/Physically

    Handicapped? **(if yes, please attach**

    a certificate in support thereof)

5. Present Local Address : _____
    (on which intimation can be sent) _____
    _____
    _____

6. Telephone Number : Landline_____

    E-mail: _____

    Mob. No. _____

7. Permanent Address : _____
    _____
    _____
    _____PIN _____

8. Academic Qualifications :
(Attach copies of Certificates)

Examination Passed	Name of Degree	Year	Name of Board / University	School / College Attended	Subjects	% of Marks	Division
Graduation							
Post-Graduation							
Details of Ph.D. *(whichever is applicable)* a. Thesis submitted (DD/MM/YYY) and subject in which Ph.D. is done							
b. Defended (DD/MM/YYY)							
c. Degree Awarded Yes or NO, if yes, then mention (DD/MM/YYY) **clearly**							
d. Name of Awarding University							
Any other Qualifications							

9. Have you qualified NET or its equivalent?   :   _____

   (if yes, indicate the month & year of Exam. Or which exam has been cleared)

   Attach Certificates as a Proof. If result is attached, kindly highlight roll no.

10. Mention your area(s) of specialization at the

   M.Sc. level   :   _____

   M.Phil. level   :   _____

   Ph.D. level   :   _____

11. Please specify the Title of the Ph.D. Thesis (if applicable)   :

_____

_____

_____

12. Total Teaching Experience   :   _____Year_____Months

13. Publications (Indicate numbers only)

Published   **_____**

(Mention clearly total number of published International/national papers only, not submitted or communicated)

c. Patents   **_____**

Date : _____   Signature of the Applicant

DECLARATION

I declare that the information given in this application is correct to the best of my knowledge and belief and nothing has been suppressed.

Date : _____   Signature of the Applicant

Note : Please ONLY enclose the following documents:

   i.   **Self attested photocopy of Ph.D Degree / Result. In absence of this, form will be considered <u>without "Ph.D. degree category"</u>. Evidence of passing the NET or equivalent Examination.**

   ii.   **Kindly note that none of the old published forms of 2018-2019 be entertained. Forms will be not be considered.**

   iii.   **Kindly mention all the details neatly and clearly including title (Ms./Mr./Dr.) to be put in front of your name. Kindly do not attach papers publications or any other certificate which are not relevant.**