sel f financing advisory board MOHANLAL SUKHADIA UNIVERSITY, UDAIPUR – 313 001

Prof. G.S. RathoreTel Fax.:Member SecretaryMobile:

APPLICATION FORM FOR EMPANELMENT OF TEACHING POSITIONS IN EDUCATION AND CLINICAL/REHABILITATION PSYCHOLOGY (UNDER SFAB) FOR THE SESSION 2021-22 VIDE NOTIFICATION NO. 730 & 731 DATED 26.03.2022

Instruction:

- 1. Separate application is required for each subject.
- Application duly filled should be submitted to the Chairperson or Director, Education, M.L. Sukhadia University, Udaipur / Head, Department of Psychology, UCCSH, Udaipur313001 (Raj.).

AFFIX PHOTO

+ 91-294-2423191

+ 91- 9414352604

- 3. The application will not be entertained after the prescribed last date.
- 4. No T.A. /D.A. shall be paid for attending interview, if conducted.
- 5. Self-attested copies of mark sheets, certificates must be enclosed with the application.
- 6. Incomplete form will be rejected without any notice.

PART - A (To be filled in the candidate's own handwriting)

1.	Name of the Subject/Course applied for	
2.	Advertisement No. & Date	
3.	Category (please tick)	(i) Retired teacher from University/College
		(ii) Teacher working in other institution
		(iii) Others
4.	Name of Candidate in BLOCK LETTERS	
5.	Reservation category (General/ SC/ST/OBC	
	(Non-Creamy layer), EWS, PWD. (attach	
	certificate)	
6.	(a) Father's Name	
	(b) Husband's Name if applicable	
7.	Date of Birth	
8.	Permanent address in Full	
		Pin Code:
		Telephone No.
		Mobile No.
		Email :
9.	Present Address (if different from above)	

Examination passed	Board/University	Year	Subjects/Specialization	Division	Marks in % /CGPA
Secondary					, , , , ,
Senior					
Secondary					
Graduation					
Post -					
Graduation					
M.Phil.					
Ph. D.			Title:		
JRF/NET/					
SLET/etc.					

S. No.	Organization	Post held	From	То	Classes Taught

Graduation						
M.Phil.						
Ph. D.		Title:				
JRF/NET/						
SLET/etc.						
11. Teaching ex	sperience (attach certificate)					
S. No.	Organization	Post held	From	То	Classes Taugl	ht
12. Research Ex	aperience (after Ph.D.)					
No. of years	No. of p	apers published	(Research Jou	rnals)		
,		st of publications	`	ŕ		
	(Attach h	st of publications	wiui issin in	o. publisher)		
		D . D				
		Part – B				
		DECLARAT	ION			
I hereby declare	e that all the entries in this forr	n are true to the	best of my ki	nowledge and	d belief and that I	have
concealed any fa						
•						
I hereby agree to	o undertake teaching assignment	nts allotted to me	e on period ba	sis as per rat	es of honorarium a	appro
by the University	ity as per requirement of the	University. I wi	ll abide by a	ll conditions	and will submit	requi
affidavit at the t	ime of allotment of classes on	period basis.				
arradit at the t	or anomical or engages on	P 2110 G G G G G G G G G G G G G G G G G G				
Date			SIGN	NATURE OF	THE CANDIDAT	ΓЕ
Place			Nam	۵.		

Date	SIGNATURE OF THE CANDIDATE
Place	Name :