

## Application Form (Teaching Posts)

The Registrar, Kuvempu University, Inana Sahyadri, Shanakaraghatta – 577 451, Shimoga District. KARNATAKA  Sir,  In response to your advertisement No, I wish to submit affixed  Place : Yours faithfully  Date : Applicant.  (Mark ✓ in appropriate bracket)  I. Name (in Block letters) I. Name of the Father I. Address with Telephone Nos.  Date of Birth  Date Month  Age particulars  Permanent Postal  Age particulars  Your Month  Age particulars  Year Month  S. Male Female 7. Mother tongue  S. Reservation Category( Certificate should be signed by the Competent authority)  SC  ST  Mention vertical / horizontal reservation)	Application for t	iic 1 0st 01		•••••	•••••			0/ (	
The Registrar, Kuvempu University, Inana Sahyadri, Shanakaraghatta – 577 451, Shimoga District. KARNATAKA  Sir,  In response to your advertisement No	Fees paid	Amount i	in Rs.	DD N	Го	Bank Nam	ie	Date	
Shimoga District.  KARNATAKA  Sir,  In response to your advertisement No	To  The Registrar, Kuvempu University, Jnana Sahyadri, Shanakaraghatta – 577 451						size pho	to to be	
In response to your advertisement No	Shimoga Distri KARNATAKA	ct.							
Oate : (Mark ✓ in appropriate bracket)  1. Name (in Block letters) 2. Name of the Father 3. Name of the Mother 4. Address with Telephone Nos.  Date of Birth  Date Month Year Year Month  S. Male Female 7. Mother tongue  3. Reservation Category( Certificate should be signed by the Competent authority)  SC ST  Mention vertical / horizontal reservation)  Physically handicapped Ex-servicemen Widow  Women Rural Studied in Project Tengues Others	In resp							o submit	
(Mark ✓ in appropriate bracket)  I. Name (in Block letters)  2. Name of the Father  3. Name of the Mother  4. Address with Telephone Nos.  Date of Birth  Date  Date  Month  Year  Age particulars  Year  Month  Month  S. Male Female  7. Mother tongue  3. Reservation Category (Certificate should be signed by the Competent authority)  SC  ST  Mention vertical / horizontal reservation)  Physically handicapped  Ex-servicemen  Widow  O. Special Category  Women Rural  Studied in Kannada  Project Technology  Women Rural  Studied in Kannada  Project Technology  Others	Place : Yours faithfull							faithfully	
1. Name (in Block letters) 2. Name of the Father 3. Name of the Mother 4. Address with Telephone Nos.  Date of Birth  Date Month Year Age particulars Year Month  5. Male Female 7. Mother tongue  3. Reservation Category (Certificate should be signed by the Competent authority) SC ST  Mention vertical / horizontal reservation)  Physically handicapped Ex-servicemen Widow  O. Special Category  Women Rural Studied in Project Kannada refugees Others	Date	:					App	olicant.	
(in Block letters)  2. Name of the Father  3. Name of the Mother  4. Address with Telephone Nos.  Date Date of Birth  Date Month Year Age particulars  Year Month  Age particulars  Year Month  S. Male Female 7. Mother tongue  3. Reservation Category( Certificate should be signed by the Competent authority)  SC ST  Mention vertical / horizontal reservation)  Physically handicapped Ex-servicemen Widow  O. Special Category  Women Rural Studied in Project refugees Others			(Mark •	/ in	appropri	ate bracket)			
2. Name of the Father  3. Name of the Mother  4. Address with Telephone Nos.  Date of Birth  Date Month Year Age particulars  Year Month  5. Male Female 7. Mother tongue  3. Reservation Category( Certificate should be signed by the Competent authority)  SC ST  Mention vertical / horizontal reservation)  Physically handicapped Ex-servicemen Widow  D. Special Category  Women Rural Studied in Kannada Project refugees Others		etters)							
Address with Telephone Nos.  Date of Birth Date Month Year Year Month  Month Year Year Month  Month Year State Month  Month Year State Month  Month									
Telephone Nos.  Date of Birth  Date Month Year Age particulars  Year Month  S. Male Female 7. Mother tongue  3. Reservation Category (Certificate should be signed by the Competent authority)  SC ST  Mention vertical / horizontal reservation)  Physically handicapped Ex-servicemen Widow  O. Special Category  Women Rural Studied in Kannada Project refugees Others	3. Name of the	ne Mother							
Date of Birth Date Month Year Year Month  S. Male Female 7. Mother tongue  B. Reservation Category( Certificate should be signed by the Competent authority)  SC ST  Mention vertical / horizontal reservation)  Physically handicapped Ex-servicemen Widow  O. Special Category  Women Rural Studied in Kannada Project refugees Others	4. Address with Telephone Nos.		Permanent		Postal				
Date of Birth Year Month  5. Male Female 7. Mother tongue  8. Reservation Category( Certificate should be signed by the Competent authority)  SC ST  Mention vertical / horizontal reservation)  Physically handicapped Ex-servicemen Widow  O. Special Category  Women Rural Studied in Kannada Project refugees Others	Date		Month		Year	5 1			
B. Reservation Category( Certificate should be signed by the Competent authority)  SC  ST  Mention vertical / horizontal reservation)  Physically handicapped  Ex-servicemen  Widow  O. Special Category  Women  Rural  Studied in Kannada  Project refugees  Others	Date of Birth					Year		Month	
Mention vertical / horizontal reservation)  Physically handicapped Ex-servicemen Widow  O. Special Category  Women Rural Studied in Kannada Project refugees Others	6. Male	Female	7. Mothe	er tor	ngue				
Mention vertical / horizontal reservation)  Physically Ex-servicemen Widow handicapped  O. Special Category  Women Rural Studied in Kannada Project refugees Others	8. Reservation C		ficate sho	uld be	e signed by				
Physically handicapped Ex-servicemen Widow  O. Special Category  Women Rural Studied in Kannada Project refugees Others		SC					) I		
handicapped Ex-servicemen Widow  O. Special Category Women Rural Studied in Kannada Project refugees Others	(Mention vertica	al / horizontal	reservatio	n)					
Women Rural Kannada Project Others	9. Special Category					Ex-servicemen		Widow	
			Women		Rural	Kannada		Others	

10. Educational Qualific	cations (copies sl	hould be atte	ested)					
Examination passed	Examining Body	Year of passing	Ma: Mar		% age of Marks			
S.S.L.C or equivalent								
Bachelor's Degree								
Master's Degree								
<ul><li>11. Area of Research</li><li>Work</li><li>12. Details of Research</li></ul>	Name of the Award Ph.D							
Degree:	Title of the Thes	sis						
(Documents issued	Date of Awarding the degree							
by the competent authority should be	Name of the University/ Institution							
enclosed)	If Ph.D is awarded as per 2009 UGC Regulation, indicate Yes / No.							
13. Date of Passing of N.I	E.T./ S.L.E.T /J.R.F	F if any,	Subject:					
			Specializat	ion:				
14. Teaching & Research	h Experience							
Institution/University	Period of Service	_	on and scale pay	Permanent/	Nature of Service Permanent/Temporary /Guest Faculty			
15. Post - Doctoral Work/Experience								
16. Other details	Seminars attended							
(Certificates and	Conference atte							
publications should be	Work shops atte							
enclosed to Application)	Number of Boo	•	d					
15.5.0 (6.1	Number of Arti	cies publishe						
17. References (Copies t	to be appended)							
Name of the Referee	ADI	ADDRESS:						
1								
2								
3								
18. Co-curricular interests (Details to be appended								

(Certificates/documents should be appended to all 08 sets separately.)

I certify that the information furnished above is true to the best of my knowledge.

Place:	Signature of the Candidate.
Date:	