

Cluster University Srinagar

Application Form

For appointment as Assistant Professor/Teaching Assistant on academic arrangement basis in the subject of _____

2. Father's Name	<u> </u>			
3. Present Occup	ation			
4. Postal Address	5			
5. Phone No.:		Email ID:		
6. Academic Rec	ord (Matric onw	ards):		
Examination Passed	Year of Passing	Div. with percentage of marks	University / Board	Subjects
Research Degree	Year of Enrolment	Topic of Research	Date of Award	University
7. Field of Specia	lization			
8. i) Research W	ork/Experience,	if any		

9. Appointments, held, if any

Organization	Designation/nature of appointment	From	То	Reason for leaving

10. Merit Points Claimed

S. No.	Academic Record	Score			Points Claimed	
1	Graduation	80% & above = 15	60% to less than 80% = 13	55% to less than 60% =	45% to less than 55% = 05	
2	Post-Graduation	80% & above = 25	60% to less than 80% = 23	55% (50% in case of reserved categories) to less than 60% = 20		
3	M.Phil.	60% & above = 07	55% to less than 60% = 05	Maximum (M	Maximum (M.Phil+Ph. D)	
4	Ph.D.		30	= 30		
5	NET with JRF	07		•		
	NET	05	Maximum (JRF+NET+SLET+SET) = 07			
	SLET/SET	03				
7	Research Publications (2 marks for each research publications published in UGC Care list Journals) Teaching (UGC recognised Colleges or Universities) /Post-	10				
8	doctoral Experience (2 marks for one each year) * Awards					
0	International/National Level (Awards given by International organisations / Government of India / Government of India recognised National Level Bodies)		03	Maximum	1 = 03	
	State Level (Awards given by State Government)		02			

^{*}However, if the period of teaching/post-doctoral experience is less than one year then the marks shall be reduced proportionately. Certificate of the experience shall be issued by the Principal/ Registrar as the case may be.

Note: Candidates shall submit the documents for the merit points claimed

Dated	Signature of the candidate
Dateammin	Signature of the canadate



Cluster University Srinagar Established under JCK State Legislature Act-III. 2016

	University C	opy -Applica	ation Fee (O	ffline)	
Form No.:					
Subject applied for:		<u> </u>			
Name	Fa	Father's Name			
Account No: 0005040500047765		Dated:		Amount Paid: 100/-	
Signature of dealing Officer		Signature of Applicant			
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Form No.:					
Subject applied for:					
Name	Far	ther's Name			
Account No: 0005040500047765		Dated:		Amount Paid: 100/-	
Signature of dealing Officer		Signature of Applicant			
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Form No.:					
Subject applied for:		1			
Name	Far	ther's Name		_	
Account No: 0005040500047765		Dated:		Amount Paid: 100/-	
Signature of dealing Officer		Signature of Applicant			