



ગુજરાત કેન્દ્રીય વિશ્વવિદ્યાલય
CENTRAL UNIVERSITY OF GUJARAT
(Established by a006E Act of Parliament of India, No 25 of 2009)
Sector - 29, Gandhinagar - 382 030,
Ph. No.079 23977407, Fax: 079 23260076
e-mail: registrar@cug.ac.in, website: www.cug.ac.in

Application form for the position of Guest Faculty

Post applied for: **Guest Faculty**

School: School of Language, Literature and Culture Centre: Centre for Gujarati Language and
Studies (SLLSC) Literature

Name of Candidate (Full in Capital)		
Date of Birth (DD/MM/YYYY)	___ / ___ / ___	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/> Divorcee <input type="checkbox"/> Other <input type="checkbox"/>
Communication Address		
Mobile No.		
E-mail		
Nationality		
Qualifications	To be filled by applicant	For office use
UG	_____ marks obtained out of _____, _____ %	
PG	_____ marks obtained out of _____, _____ %	
M.Phil.	_____ % _____ Year	
Ph.D.	_____ Year (degree awarded)	
NET / JRF	Months _____ Year _____	
Publications with ISSN/ISBN	_____ Total Nos.	
Post-Doc Experience	_____ Year(s) _____ Month(s)	
Research Experience	_____ Year(s) _____ Month(s)	
Teaching Experience	_____ Year(s) _____ Month(s)	
	Total Scores	

I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature is liable to be cancelled/ my appointment is liable to be terminated.

Place: _____

Date: _____

Signature of the Candidate