



ગુજરાત કેન્દ્રીય વિશ્વવિદ્યાલય
CENTRAL UNIVERSITY OF GUJARAT
 (Established by an 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

**Photograph
of
Candidate**

Application form for Guest Faculty

Post applied for: **Guest Faculty**

Centre: **Centre for Health, Culture and Personality Development (CHCPD)**

Name of Candidate (Full in Capital)		
Date of Birth (DD/MM/YYYY)	___ / ___ / _____	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> Transgender <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.		
Email		
Category	General <input type="checkbox"/>	OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Other <input type="checkbox"/>
Nationality		
Qualifications:	Particulars	Office Use Only
UG	_____ marks obtained out of _____, (____ %)	
PG	_____ marks obtained out of _____, (____ %)	
M.Phil.	_____ % _____ Year	
Ph.D.	Title: _____ Year (degree awarded)	
NET / JRF	Months _____ Year _____ Subject:	
SLET / SET	Months _____ Year _____ Subject:	

Research Publications	_____ Total Nos. (Research publications published in Peer-Reviewed or UGC-listed Journals) (copy enclosed)	
Teaching / Post Doctoral Experience	_____ Year(s) _____ Month(s) (copy enclosed)	
Awards i. International / National Level ii. State-Level	_____ Year(s) _____ Month(s) (Awards given by International Organisations/ Government of India / Government of India recognised National Level Bodies) _____ Year(s) _____ Month(s) (Awards given by State Government)	
Admissible Total Scores (for office use only)		

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