



**DR. B.R. AMBEDKAR CENTER FOR BIOMEDICAL RESEARCH
UNIVERSITY OF DELHI, DELHI-110 007**

**APPLICATION FORM FOR PANEL FOR THE POST OF
ASSISTANT PROFESSORS(AD-HOC) FOR THREE BIOMEDICAL SCIENCE
COLLEGES OF DELHI UNIVERSITY, 2018-2019**

1. Name (in block letter) **Mr./Ms./Dr.** : _____
(Write appropriate Title before name)

2. Father's/Husband's Name : _____

3. Date of Birth : _____

4. Category (General/Scheduled Caste/
Scheduled Tribe/OBC/Physically
Handicapped? (if yes, please attach
a certificate in support thereof) : _____

5. Present Local Address : _____
(on which intimation can be sent) _____

6. Telephone Number : Landline _____
E-mail: _____
Mob. No. _____

7. Permanent Address : _____

- _____ PIN _____

8. Academic Qualifications :
(Attach copies of Certificates)

Examination Passed	Name of Degree	Year	Name of Board / University	School / College Attended	Subjects	% of Marks	Division
Graduation							
Post-Graduation							
Details of Ph.D. (<i>whichever is applicable</i>)							
a. Thesis submitted (DD/MM/YYYY) and subject in which Ph.D. is done							
b. Defended (DD/MM/YYYY)							
c. Degree Awarded Yes or NO, if yes, then mention (DD/MM/YYYY) clearly							
d. Name of Awarding University							
Any other Qualifications							

9. Have you qualified NET or its equivalent? : _____
 (if yes, indicate the month & year of Exam. Or which exam has been cleared)
Attach Certificates as a Proof. If result is attached, kindly highlight roll no.

10. Mention your area(s) of specialization at the
 M.Sc. level : _____
 M.Phil. level : _____
 Ph.D. level : _____

11. Please specify the Title of the Ph.D. Thesis (if applicable) :

12. Total Teaching Experience : _____Year_____Months

13. Publications (Indicate numbers only)

Published _____

(Mention clearly total number of published International/national papers only, not submitted or communicated)

c. Patents _____

Date : _____

Signature of the Applicant

DECLARATION

I declare that the information given in this application is correct to the best of my knowledge and belief and nothing has been suppressed.

Date : _____

Signature of the Applicant

Note : Please ONLY enclose the following documents:

- i. **Self attested photocopy of Ph.D Degree / Result. In absence of this, form will be considered without "Ph.D. degree category".**
- ii. **Evidence of passing the NET or equivalent Examination.**
- iii. **None of the old published forms of last year will be entertained.**
- iv. **Kindly mention all the details neatly and clearly including title to be put in front of your name.**

