डॉ० शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय, लखनऊ

उत्तर प्रदेश सरकार

वेबसाइट http://dsmru.up.nic.in

विज्ञापन सं0—01/शै0सं0/ प्रबन्धशास्त्र/2022—23, दिनांकः 16 अगस्त, 2022 अंतिम तिथि : 28 अगस्त , 2022 (सायं: 05.00 बजे तक)

<u>विज्ञप्ति</u>

डॉ० शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय, लखनऊ के प्रबन्धशास्त्र विभाग में स्ववित्तपोषित योजनान्तर्गत संचालित (बी०बी०ए० पाठ्यक्रम) शैक्षिक सत्र 2022–23 हेतु संविदा के आधार पर चार सहायक आचार्यों की नियुक्ति तीन वर्ष के अनुबन्ध (सेवा संतोषजनक होने की स्थिति में, जोकि 11 माह प्रति शैक्षिक सत्र के अनुसार मान्य होगा) पर भारत के पात्र नागरिकों से आवेदन पत्र आमंत्रित किये जाते हैं। पदों की संख्या, शैक्षिक अर्हताएं, मानदेय एवं अन्य विवरण निम्नवत् है :–

| क्रम सं0 | पदनाम | पद की संख्या | शैक्षिक एवं अन्य अर्हताएं | मासिक नियत मानदेय प्रतिमाह |
|-------------|-----------------------------|-----------------|---|---|
| 1. | सहायक आचार्य (संविदा) | 04 | UGC NET or Ph.D. degree with not less then 55% Marks at Master's Level in the relevant Subject. Minimum 02 research publications in Refereed/SCOPUS/UGC approved list of Journals. | रू0 35000 ⁄ माह प्रति माह (अधिकतम 11 माह प्रति शैक्षिक सत्र एवं उत्तम प्रदर्शन की शर्त पर कुल तीन वर्ष की संविदा) |
| | | <u>+</u> + | | |

उक्त पद के लिए विश्वविद्यालय की वेबसाईट http://dsmru.up.nic.in से डाउनलोड किया जा सकता है। आवेदन पत्र के साथ समस्त आवश्यक संलग्नकों सहित केवल पंजीकृत डाक / स्पीड पोस्ट के माध्यम से कुलसचिव, डॉ0 शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय, मोहान रोड, लखनऊ–226017 को दिनांक: 28 अगस्त, 2022 को सायं 05.00 बजे तक प्राप्त हो जाय।

> **कुलसचिव** डॉ0 शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय, लखनऊ।

GENERAL INSTRUCTIONS FOR THE POSTS

- 1. Mere eligibility will not entitle any candidate for being called for interview. In case the applicants are more in number, a Screening Committee may short-list the most suitable candidates to be called for the interview.
 - 2. The services of the said post will be performance based every year. Services may be terminated due to poor performance.
 - 3. Only matriculation/SSC certificate/Admit Card/Passing Certificate issued by the concerned education board will be considered as proof of date of birth. No other document will be accepted for verification of date of birth.
 - 4. Candidates must ensure before applying that they are eligible according to the criteria stipulated in the advertisement/concerned Regulatory Body. If the candidate is found ineligible at any stage of recruitment process, he/she will be disqualified and their candidature will be cancelled. Hiding of information or submitting false information will lead to cancellation of candidature at any stage of recruitment.
 - 5. Only the short listed candidates will be called for test/ interview .
 - 6. Any legal proceedings in respect of any matter of claim or dispute arising out of this advertisement and / or an application in response thereto can be instituted in Lucknow and only shall have sole and exclusive jurisdiction to try any such cause/dispute.
 - 7. The University reserves the right to reject any application without assigning any reason whatsoever.
 - 8. The University reserves the right to revise/reschedule/cancel/suspend the recruitment process without assigning any reason. The decision of the University shall be final and no appeal shall be entertained.
 - 9. Any corrigendum/changes/updates shall be available only on our website http://dsmru.up.nic.in
 - 10. The candidate must attach copies of all relevant testimonial documents self attested. The original certificates would be required at the time of interview only.
 - 11. The employed candidate of Govt./Private Universities/Colleges/Autonomous bodies should send the applications through proper channel. However, they may produce the NOC from their organization at the time of interview with an unambiguous certificate that (i) no vigilance case is pending/being contemplated against him/her (ii) the applicant will be relieved within one month of receipt of appointment offer, if he is selected. List of Major/Minor penalties, if any, imposed during the last 10 years may be asked to submit at any time.
 - 12. The period of experience in the requisite discipline/ area of work wherever prescribed shall be counted w.e.f. the date of acquiring the prescribed minimum educational qualifications required for that post.
 - 13. The decision of the Vice-Chancellor, Dr. Shakuntala Misra National Rehabilitation University, Lucknow in all matter relating to eligibility, acceptance or rejection of applications, mode of selection interview will be final and binding on the candidates and no enquiry or correspondence will be entertained in this connection from any individual or his/her agency.
 - 14. Applications received without the requisite documents, fees, and after the prescribed date will not be entertained.
 - 15. Incomplete, unsigned applications and those not accompanied with copies of certificates and application fee will be summarily rejected.
 - 16. Canvassing in any form and or/bringing in any influence will be treated as a disqualification for the post.
 - 17. Minimum Educational Qualifications: All applicants must fulfill the essential requirements of the post and other conditions as stipulated.
 - 18. The date of determining the eligibility of all candidates in every respect shall be the normal closing date for receipt of applications.
 - 19. Candidates must be in sound bodily health. They must, if selected be prepared to undergo such medical examination and satisfy such medical authority as the University may require.
 - 20. The competent authority reserves the right to extend the closing date for receipt of applications and also reserves the right to postpone/cancel the recruitment exercise for any/all the posts at any stage.
 - 21. Details of Fee Payment: The requisite fee of Rs. 1500/- for UR/OBC/EWS and fee of Rs. 750/- for SC/ST for the Position of Assistant Professor (Contractual) has to be deposited through RTGS/NEFT to Bank of Baroda. Mohaan Road, Lucknow, India on Account No.- 36510100000025 & IFSC Code BARBOMOHAAN (Fifth Character is Zero) in favour of Finance Officer, Dr. Shakuntala Misra National Rehabilitation University, payable at Lucknow. The applicants belonging to PwD category are not required to pay any fee.
 - 22. The duly filled application form complete in all respect along with relevant documents and proof of fee submission must reach to "The Registrar, Dr. Shakuntala Misra National

Rehabilitation University, Mohaan Road, Lucknow - 226 017, U.P, India" preferably through Speed Post/ Registered Post on or before July, 2022.

- 23. The 'Name of the Post Applying for:' must be clearly mentioned on the envelope containing the application.
- 24. The transaction ID of fee deposition must be clearly mentioned in the application.
- 25. The candidates are requested to carefully read this document and "Steps Involved in the Application Process" before filling up the application form. Candidates are also advised to visit the website http://dsmru.up.nic.in periodically for further information related to the recruitment process.

Registrar Dr. Shakuntala Misra National Rehabilitation University Mohaan Road, Lucknow

DR. SHAKUNTALA MISRA NATIONAL REHABILITATION UNIVERSITY MOHAAN ROAD, LUCKNOW

Application Form

| (F | For Teachin | g Pos | De | partme | nt of | <u>DN FORM</u> Managemer asis in B.B. | | nance S | Sche | eme) |
|---|---|---------|-------------|--------------|--------------------------|--|----------------|--------------|------|--|
| Post | Applied for | : | | | | | | | | |
| Serial No. of the post : | | | | | | | | | | Paste your recent passport size photograph here and sign across |
| Bank | c of Baroda. N | Mohaar | n Road, l | Lucknow, | India | be remitted th on Account Ne ro) in favour c | o.36510100 | 000025 & | . | the photo so that part of signature |
| Shak | untala Misra | Natio | nal Reh | abilitation | u Univ | versity, payable versity, payable vired to pay any | le at Luckr | | | |
| | | | T | | | | | | | |
| Tra | insaction ID | Date | Amou | int | Mo | de of Payment | | Name of | Bank | and Branch |
| (Att | ach Receipt) | | | | (F | RTGS/NEFT) | | | | |
| 1 | Name | | First Na | me | | Middle Nar | ne | Surnam | ne | |
| | (In Capital Le | etters) | | | | | | | | |
| 2 | Date of Birth Da | | | Month Yea | | Age as on L advertisem | | Years Months | | Months |
| 3 | Place of Birth | | | Lity/Village | 9 | St | State | | | ountry |
| 4 | Father's Nam | าย | | | | | | | | |
| 5 | Mother's Na | me | | | | | | | | |
| 6 | Nationality | | | | | | | | | |
| 7 | Gender | | | emale/Tra | - | | | | | |
| 8 | Community/ | Catego | ory | SC/ST/O | 3C/Otł | ner Categories | give details _ | | | |
| | (Please strike whichever is applicable) | | | S. No. of | S. No. of Proof enclosed | | | | | |
| 9 Marital Status a. Married / Unmarried/ Divorced / Name of S | | | | | | | | of Spouse | | |
| | | | | | | | | | | |
| 10 | If Persons wi | th Disa | bilities (D |)ivyang), | | Yes/ No | Percenta | age of | S. I | No. of Proof of |
| | indicate the | relevan | t particu | lars | | | Disabi | ility | | Enclosure |
| a. Bl | a. Blindness or Low Vision: | | | | | | | | | |

b. Hearing Impairment

| c. Locomotor d | isability or | cerebral | palsy | | | | | | | | |
|---------------------------------------|--------------|--|--------------|-----------------------|---|---------------------------|-----|--------------|-------------|------------------------------------|--|
| (includes all o | cases of Or | d) | | | | | | | | | |
| 11. Address for | Correspo | ndence: | | | | | | | | | |
| (a) Mailing address : | | | | | (b) Permanent address: | | | | | | |
| (c) E-mail : | | | | (d) Mobile/Telephone: | | | | | | | |
| 12. Educational | l Qualificat | ions (Atta | ach additior | nal Pag | es, if requir | ed) | | | | | |
| Name of Exam | | Name of the Board / Univer sity | | Divisi on | CGPA (If grading is applicable | (Pl. ir equiv to CG | | Subj stud | ects ied | S. No. of Proof of Enclosure | |
| | (a) | (b) | (c) | (d) | (e) | | (f) | (| g) | (h) | |
| 10th Class / equivalent | | | | | | | | | | | |
| 10+2/Higher | | | | | | | | | | | |
| Secondary equivalent | | | | | | | | | | | |
| Bachelor's | | | | | | | | | | | |
| Degree | | | | | | | | | | | |
| Master's | | | | | | | | | | | |
| degree | | | | | | | | | | | |
| M. Phil. | | | | Title: | | | | | | | |
| Ph. D./D.Phil. | | | Title: | | | | | | | | |
| NET/ SLET/SET for lectureship, if any | | Subject | | | | oll No. | | Y | ear | | |
| Any other exams passed | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| 13. Chronological list of Experience (starting from current position/ employment): | | | | | | | | | |
|--|--|--|--------------|------------------------|---|------------------------------|------------------------------------|--|--|
| Desig nation | Scale of Pay & Present Basic & AGP | Name & Address of employer s | From date | Period o To date | f Experience No. of Years/ Months (As on date of advertisement) | Nature of work/ Duties | S. No. of Proof of Enclosure | | |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | | |
| | | | | | | | | | |

| 14. Experien | S. No. of Proof of Enclosure | | | | | | | |
|--------------------------------|--|-----------------------|------|-----------------|------------------|--|----------|---------------------------------|
| a) Level | Nature of Experience (Training/ Placements) | | | No. of Years | No. of Months | | | |
| i) Under-Gra | | | | | | | | |
| ii) Post-Grad | uate level | | | | | | | |
| b) Post-Doct experience | oral | | | | | | | |
| c) Other Experience, if any | | | | | | | | |
| Total experie | ence | | | | | | | |
| 15. Details o | f Post Doctor | al experience if any. | | | | | | S. No. of Proof of Enclosure |
| Agency | Agency Host Institution | | From | | То | | Duration | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Experie | ence | Years | | Mor | nths | | Total | |
| | | | | | | | | |
| | | | | | | | | |

16. Name and complete postal address of 3 referees (The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant)

| | Refree-1 | Refree-2 | Refree-3 |
|---------------------------|----------|----------|----------|
| Names & Complete Postal | | | |
| Address | | | |
| Email: | | | |
| Phone (Landline) with STD | | | |
| code | | | |
| Mobile Ph: | | | |
| Fax: | | | |

List of self attested testimonials attached (original to be produced at the time of interview)

Please tick the enclosures attached

| S. No. | Cheek List | S. No. of enclosure | No. of sheets |
|--------|--|------------------------|------------------|
| i. | Matriculation mark sheet/ certificate | | |
| ii. | Intermediate mark sheet / certificate | | |
| iii. | B.A./ B.Sc./ B.Com (Final)/etc mark sheet/ degree | | |
| iv. | M.B.A/M.Com/M.Tech /B.Tech+HR/MMC/MJMC (Final) mark sheet/ degree | | |
| V. | L.L.B. (Final) mark sheet/ degree | | |
| vi. | L.L.M. mark sheet/ degree | | |
| vii. | M. Phil. Degree | | |
| viii. | Ph.D./ D. Phil. Degree | | |
| ix. | D.Litt., D.Sc., L.L.D. degree | | |
| Х. | NET, UGC-JRF, CSIR-JRF Award Certificate | | |
| xi. | Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc) | | |
| xii. | Experience certificates | | |
| xiii. | Recommendation letter(s) | | |

Total number of sheets enclosed______ (please give sequential number to each sheet and signature with date).

17. Have you been reprimanded ever

Yes/No

Give detail, if yes ______

18. Any other information/ qualification relevant to the post applied for:

| 19. Declaration | | | |
|--|---------------|------------------------|-------------|
| | son/ | daughter/ | wife |
| of hereby | declare that | t all statements ar | nd entries |
| made in this application are true, complete and co | orrect to the | best of my knowle | edge and |
| belief. In the event of any information being foun | d false or ir | ncorrect or ineligibi | ility being |
| detected before or after the Selection Committee | e and Exect | utive Council mee | tings, my |
| candidature / appointment may be cancelled by th | e University. | . I declare that I ha | ave never |
| been convicted/punished by any Court of Law nor a | ny vigilance | enquiry is instituted | d/pending |
| against me. I have no criminal antecedent. In cas | e of a crimir | nal antecedent, I a | m filing a |
| character certificate from the concerned authority | ty of the di | strict where the c | case was |
| registered. | | | |
| | | | |
| Dated : | | | |
| Place : | | | |
| | | | |
| | | Signature of the | Applicant |
| | | | |
| | | | |
| | *Name | as signed (in BLOC | K LETTER) |
| *Application not signed | l by the canc | lidate is liable to be | e rejected |