

# DR. SHAKUNTALA MISRA NATIONAL REHABILITATION UNIVERSITY, LUCKNOW

## Application Form

|                                                                                                                                                                                |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|
| Post Applied for :                                                                                                                                                             |                                                                             |                                     |                                                                                 |                                |                                         | Paste your recent<br>passport size<br>photograph here<br>and sign across the<br>photo so that part<br>of signature should<br>be on form |                     |                                    |
| Department/Centre :                                                                                                                                                            |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| Nature of Post (Specialized/Non-Specialized/Both) :                                                                                                                            |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| Have you applied earlier for this post (Yes/No) :                                                                                                                              |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| If Yes, give details,                                                                                                                                                          |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| Details of Fee Payment (The requisite fee has to be remitted through Bank draft in favour of Finance Officer, Dr Shakuntala Misra National Rehabilitation University, Lucknow) |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| Transaction ID<br>(Attach Receipt)                                                                                                                                             |                                                                             | Date                                | Amount                                                                          | Mode of Payment<br>(RTGS/NEFT) |                                         | Name of Bank and Branch                                                                                                                 |                     |                                    |
|                                                                                                                                                                                |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| 1                                                                                                                                                                              | Name<br>(In Capital Letters)                                                | First Name                          |                                                                                 |                                | Middle Name                             |                                                                                                                                         | Surname             |                                    |
|                                                                                                                                                                                |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| 2                                                                                                                                                                              | Date of Birth                                                               | Day                                 | Month                                                                           | Year                           | Age as on last date of<br>advertisement | Years                                                                                                                                   | Months              |                                    |
|                                                                                                                                                                                |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| 3                                                                                                                                                                              | Place of Birth                                                              | City/Village                        |                                                                                 |                                | State                                   |                                                                                                                                         | Country             |                                    |
| 4                                                                                                                                                                              | Father's Name                                                               |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| 5                                                                                                                                                                              | Mother's Name                                                               |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| 6                                                                                                                                                                              | Nationality                                                                 |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| 7                                                                                                                                                                              | Gender                                                                      | Male/ Female/Transgender            |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| 8                                                                                                                                                                              | Community/ Category<br>(Please strike out whichever<br>is not applicable)   |                                     | SC/ST/OBC/Other Categories give details _____<br>S. No. of proof enclosed _____ |                                |                                         |                                                                                                                                         |                     |                                    |
| 9                                                                                                                                                                              | Marital Status                                                              |                                     | a. Married / Unmarried/ Divorced / Name of Spouse _____                         |                                |                                         |                                                                                                                                         |                     |                                    |
| 10                                                                                                                                                                             | If Persons with Disabilities(Divyang),<br>indicate the relevant particulars |                                     |                                                                                 | Yes/ No                        |                                         | Percentage of<br>Disability                                                                                                             |                     | S. No. of proof of<br>enclosure    |
| a. Blindness or Low Vision:                                                                                                                                                    |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| b. Hearing Impairment                                                                                                                                                          |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| c. Locomotor disability or cerebral palsy (includes<br>all cases of Orthopaedically Disabled)                                                                                  |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| 11. Address for correspondence:                                                                                                                                                |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
| (a) Mailing address :                                                                                                                                                          |                                                                             |                                     |                                                                                 |                                | (b) Permanent address:                  |                                                                                                                                         |                     |                                    |
| (c) E-mail :                                                                                                                                                                   |                                                                             |                                     |                                                                                 |                                | (d) Mobile/Telephone:                   |                                                                                                                                         |                     |                                    |
| 12. Educational Qualifications (Attach additional Pages, if required)                                                                                                          |                                                                             |                                     |                                                                                 |                                |                                         |                                                                                                                                         |                     |                                    |
|                                                                                                                                                                                | Name of<br>Course                                                           | Name of<br>the Board/<br>University | Year of<br>Passing                                                              | Divis<br>ion                   | CGPA<br>(if grading is<br>applicable)   | % of Marks<br>(pl. indicate<br>equivalent to<br>CGPA also)                                                                              | Subjects<br>studied | S. No. of<br>proof of<br>enclosure |
|                                                                                                                                                                                | (a)                                                                         | (b)                                 | (c)                                                                             | (d)                            | (e)                                     | (f)                                                                                                                                     | (g)                 | (h)                                |
| 10th Class /<br>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 |  |  |        | Roll No. |  | Year |  |
|                                       |         |  |  |        |          |  |      |  |
| Any other exams passed                |         |  |  |        |          |  |      |  |
|                                       |         |  |  |        |          |  |      |  |

| 13. Chronological list of Experience (starting from current position/ employment): |                                    |                             |                      |         |                                                    |                        |                              |
|------------------------------------------------------------------------------------|------------------------------------|-----------------------------|----------------------|---------|----------------------------------------------------|------------------------|------------------------------|
| Designation                                                                        | Scale of pay & present Basic & AGP | Name & address of employers | Period of Experience |         |                                                    | Nature of work/ duties | S. No. of proof of enclosure |
|                                                                                    |                                    |                             | From date            | To date | No. of years/ months (As on date of advertisement) |                        |                              |
| (a)                                                                                | (b)                                | (c)                         | (d)                  | (e)     | (f)                                                | (g)                    | (h)                          |
|                                                                                    |                                    |                             |                      |         |                                                    |                        |                              |
|                                                                                    |                                    |                             |                      |         |                                                    |                        |                              |

| 14. Nature of experience :               |                  |              |               | S. No. of proof of enclosure |                              |  |
|------------------------------------------|------------------|--------------|---------------|------------------------------|------------------------------|--|
| a) Teaching                              |                  | No. of years | No. of months |                              |                              |  |
| i) Under-graduate level                  |                  |              |               |                              |                              |  |
| ii) Post-graduate level                  |                  |              |               |                              |                              |  |
| b) Post-doctoral experience              |                  |              |               |                              |                              |  |
| c) Other experience, if any              |                  |              |               |                              |                              |  |
| Total experience                         |                  |              |               |                              |                              |  |
| 15. Details of Post doctoral experience: |                  |              |               |                              | S. No. of proof of enclosure |  |
| Agency                                   | Host Institution | From         | To            | Duration                     |                              |  |
|                                          |                  |              |               |                              |                              |  |
|                                          |                  |              |               |                              |                              |  |
|                                          |                  |              |               |                              |                              |  |
| Total experience                         |                  | years        | Months        | Total                        |                              |  |

|                                   |                               |                              |
|-----------------------------------|-------------------------------|------------------------------|
| 16.Academic distinctions:         |                               | S. No. of proof of enclosure |
| Name of the Academic Course/ Body | Academic Distinction Obtained |                              |
|                                   |                               |                              |
|                                   |                               |                              |
|                                   |                               |                              |
|                                   |                               |                              |

17. Names and complete postal addresses 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)

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## 18. RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

### (A) Published Papers in Journals

| S. No. | Title with Page nos. | Journal | ISSN/ ISBN No. | Impact factor | Whether Peer reviewed. Impact factor, if any | No. of co-authors | Whether you are the first or corresponding author | Score* | S. No. of proof of enclosure |
|--------|----------------------|---------|----------------|---------------|----------------------------------------------|-------------------|---------------------------------------------------|--------|------------------------------|
|        |                      |         |                |               |                                              |                   |                                                   |        |                              |
|        |                      |         |                |               |                                              |                   |                                                   |        |                              |

(B) Articles/ Chapters published in Books

| S. No. | Title with Page nos. | Book Title, editor & publisher | ISSN/ ISBN No. | Whether Peer reviewed. | No. of co-authors | Whether you are the first or corresponding author | Score* | S. No. of proof of enclosure |
|--------|----------------------|--------------------------------|----------------|------------------------|-------------------|---------------------------------------------------|--------|------------------------------|
|        |                      |                                |                |                        |                   |                                                   |        |                              |
|        |                      |                                |                |                        |                   |                                                   |        |                              |

(C) Full papers in Conference Proceedings

| S. No. | Title with Page nos. | Details of Conference Publication | ISSN/ ISBN No. | No. of co-authors | Whether you are the main author | Score* | S. No. of proof of enclosure |
|--------|----------------------|-----------------------------------|----------------|-------------------|---------------------------------|--------|------------------------------|
|        |                      |                                   |                |                   |                                 |        |                              |
|        |                      |                                   |                |                   |                                 |        |                              |

(D) Books Published as author or as editor

| S. No. | Title with Page nos. | Type of Book & Authorship | Publisher & ISSN/ ISBN No. | Whether Peer reviewed. | No. of co-authors | Whether you are the main author | Score* | S. No. of proof of enclosure |
|--------|----------------------|---------------------------|----------------------------|------------------------|-------------------|---------------------------------|--------|------------------------------|
|        |                      |                           |                            |                        |                   |                                 |        |                              |
|        |                      |                           |                            |                        |                   |                                 |        |                              |

(E) Ongoing Projects/ Consultancies

| S. No. | Title | Agency | Period | Grant/ Amount Mobilized (Rs lakh) | Score* | S. No. of proof of enclosure |
|--------|-------|--------|--------|-----------------------------------|--------|------------------------------|
|        |       |        |        |                                   |        |                              |
|        |       |        |        |                                   |        |                              |

(F) Projects Outcome/Outputs

| S. No. | Title | Agency (International/National/State Govt./Local Bodies) | Period | Grant/ Amount Mobilized (Rs lakh) | Whether policy document/ patent as outcome | Score* | S. No. of proof of enclosure |
|--------|-------|----------------------------------------------------------|--------|-----------------------------------|--------------------------------------------|--------|------------------------------|
|        |       |                                                          |        |                                   |                                            |        |                              |
|        |       |                                                          |        |                                   |                                            |        |                              |

(G) Paper presented in Conferences, Seminars, Workshops, Symposia (mention only upto a maximum of Ten [10])

| S. No. | Title of the Paper Presented | Title of Conference / Seminar | Organized by | Type: International/ National/State/ Regional/College or University level | Score* | S. No. of proof of enclosure |
|--------|------------------------------|-------------------------------|--------------|---------------------------------------------------------------------------|--------|------------------------------|
|        |                              |                               |              |                                                                           |        |                              |
|        |                              |                               |              |                                                                           |        |                              |
|        |                              |                               |              |                                                                           |        |                              |
|        |                              |                               |              |                                                                           |        |                              |

Please tick the enclosures attached

| S. No. | Cheek List                                                          | S. No. of enclosure | No. of sheets |
|--------|---------------------------------------------------------------------|---------------------|---------------|
| 1.     | Matriculation mark sheet/ certificate                               |                     |               |
| 2.     | Intermediate mark sheet / certificate                               |                     |               |
| 3.     | B.A./ B.Sc./ B.Com (Final) mark sheet/ degree                       |                     |               |
| 4.     | M.A./ M.Sc./ M.Com (Final) mark sheet/ degree                       |                     |               |
| 5.     | L.L.B. (Final) mark sheet/ degree                                   |                     |               |
| 6.     | L.L.M. mark sheet/ degree                                           |                     |               |
| 7.     | M. Phil. Degree                                                     |                     |               |
| 8.     | Ph.D./ D. Phil. Degree                                              |                     |               |
| 9.     | D.Litt., D.Sc., L.L.D. degree                                       |                     |               |
| 10.    | NET, UGC- JRF, CSIR-JRF Award Certificate                           |                     |               |
| 11.    | Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc) |                     |               |
| 12.    | Experience certificates                                             |                     |               |
| 13.    | Recommendation letter(s)                                            |                     |               |
| 14.    | Award (s)                                                           |                     |               |
| 15.    | Fellowship(s)                                                       |                     |               |
| 16.    | Publication (s)                                                     |                     |               |
| 17.    |                                                                     |                     |               |

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

19. Have you been reprimanded ever Yes/No  
 Give detail, if yes \_\_\_\_\_

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

## 21. Declaration

I, \_\_\_\_\_, Son/Daughter/Wife of, \_\_\_\_\_  
hereby declare that all statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. It is further declared that I have never been convicted and no criminal case is pending or contemplated against me in any Court of law.

In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature / appointment may be cancelled by the University.

Dated : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Applicant

\_\_\_\_\_  
\*Name as signed (in BLOCK LETTER)

\*Application not signed by the candidate is liable to be rejected