ಮಹಾತ್ಮ ಗಾಂಧಿ ಗ್ರಾಮೀಣಾಭಿವೃದ್ಧಿ ಮತ್ತು ಪಂಚಾಯತ್ ರಾಜ್ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಗದಗ
Mahatma Gandhi Rural Development and Panchayat Raj University, Gadag

ಕೌಶಲ್ಯ ವಿಕಾಸ ಭವನ, ಗ್ರಾಮ ಗಂಗೋತ್ರಿ ಆವರಣ, ನಾಗಾವಿ, ಗದಗ–582103
Koushalya Vikas Bhavan, Grama Gangothri Campus, Nagavi, Gadag-582103
E-mail:ksrdpru@gmail.com Phone: 08372-200920, 200922

APPLICATION FOR TEMPORARY FULL-TIME FACULTY/PROJECT FELLOW ON CONTRACT BASIS

(* Relevant Documents to be enclosed wherever applicable)

Photo

Post Applied for:

Programme:

1. **Name of the Applicant :**
   (in Block letters)

2. **Address:**

3. **Contact Details.**
   Mobile No: **Email ID:**

4. **Date of Birth: _ _/_ _/_ _ _ _** **Gender:** ☐ **Male** ☐ **Female**

5. **Religion*:** **Caste*:** **Category**

6. **Academic Qualifications *:(Starting from the highest qualification):**

Qualification	Name of the University / Board	Year of Passing	% of marks /CGPA	CGPA Equivalent Percentage	Division/ Class/Grade	Subject(s)

7. **Whether UGC NET / SLET / KSET Qualified * : YES / NO**

Name of the Exam	Examining Body / University	Year of Passing

8. Teaching Experience *: P.G.:____Years; U.G. _____ Years.

PG/ UG	Designation	Name of the Institution	From	To

9. Research Experience *:

Designation	Institution of affiliation	Area of Research	Duration (No of years)

Note: The period spent for acquiring M.Phil. and /or Ph.D. Degree will not be considered as research experien

10. Publications* :

Publications	Published		Accepted/In Press	
	National	International	National	International
Research Papers : a. UGC CARE listed Journals b. Refereed journals c. Non-refereed journals having ISSN numbers d. Conference proceedings as full papers				
Book (s)				
Chapters in Book (s)				

11. Domain related field work details*: (* Applicable for the post of Project Fellow)

Designation	Institution	Domain Field Work	Duration (No of years)

12. Other Additional Information:

Give details of any other credential, significant contributions, and awards received etc., not mentioned earlier

Sl. No.	Particulars

D E C L A R A T I O N

I hereby declare that all information given 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. I hereby agree to and abide by the rules and regulations of the University.

Place:_____

Date:_____

Signature of the Candidate