

DR. BABASAHEB AMBEDKAR OPEN UNIVERSITY

(Established by Government of Gujarat)

"Jyotirmay Parisar"

Dr. Babasaheb Ambedkar Open University Marg,

Sarkhej - Gandhinagar Highway, Chharodi, Ahmedabad-382 481 Website: www.baou.edu.in

Advertisement Date: 24/10/2019.

	Applicati			
Name of the contractual post applied for	or:		Sub:	
Name of applicant (Surname)			and's Name)	Please affix your recent passport size colour Photograph & sign across
2. Address:- (1) For correspondence:				
PIN: Ph: 3. Mobile Number:	P			
4. E-mail:		Aadhar No: _		
5 Mother tongue:		6. National	lity:	
7. Date of Birth:	_ Age as on D	t. 15/11/2019: Ye	ar Month	
8. Category:- (Attach latest recognize	d certificate fo	r the reserved can	didates)	
SC [] ST [] D.A.(Physical Handicapped) [SEBC [], EWS []], General[1	
9. Proficiency in language: Language	Writing	Reading	Speaking	
(1) Gujarati				
(2)				
(3)	-	Early to make the world produce and the		
(4)				

10. Educational Qualifications: (from S.S.C.)

Examination	Board / University	Year of Passing	Marks/Grade, Percentage	Main subject	Remarks
S.S.C.					
H.S.C.					
Graduation:					
Degree :					
l st Year					
2 nd Year					
3 rd Year					
Post-Graduation					
Degree :					
l st Year					
2 nd Year					
M. Phil,					
Ph.D.					
	=				
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11.	Other educational achievements: (Award, Prize, Medal, etc.))
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12. Proficiency in Computer	(Give details)
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13.	Details of UGC/CSIR or similarly recognized / NET/ SLET exam,	if passed.
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Year of examination passed:	Regn. No.
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Details of experience (Kindly fill up the table) 14. Duration Pay scale and basic Designation Name of the pay as on Institution application date, Grade Pay 16. Details of Publication and Research work: ISBN / ISSN Author/Co S. No. Title Year of Publisher publication author No. (Please use separate sheet if needed) Details of Seminar / Workshop / Orientation / Refresher Course: 17. Sr. Category State/National/ No. Name of Institution Programme Duration Whether paper International submitted (Please use separate sheet if needed) Please give name, address and contact number of two persons for reference. 18. (2)

19.	Details	of attachments: (Attach self-attested Xerox copies)
	(1) (2)	Proof of Date of Birth. Latest Certificate of SC/ST/SEBC/EWS/Handicapped
		Certificate No. Date of Issue of Certificate
	(3)	Proofs of Educational qualifications
	(4)	Experience certificates – If your teaching experience is in a Self Finance Institution, please submit copy of approval of your appointment / profile of the concerned University.
	(5)	NET / SLET examination pass certificate
	(6)	M.Phil. / Ph. D Notification ,Degree Certificate
	(7)	Details of Seminars / Workshops / Orientation programme / Refresher Course.
	(8)	Others.
20.	Other	information.
•		CERTIFICATE
know	vledge an	are that the information provided by me in the application from is true according to my d belief. I have not given any wrong or incomplete information. I know that in case of any false bund on my part after my appointment, my service is liable to be terminated without any notice.
in ar	iy court (here is no criminal case/civil case or warrant or departmental proceedings pending against me of law. If any departmental proceedings or civil or criminal case found against me I will be or that, in that case, I know that, my service is liable to be terminated without any notice.
I hav by it.	e read th	e instructions given along with the application form and understood the same and I am abide
Date		
Place		(Signature of the applicant)
		,