

# UTTARAKHAND OPEN UNIVERSITY

(Established under Act 23, 2005)

Teenpani Bypass Road, Near Transport Nagar, Haldwani (Nainital)-263139 UTTARAKHAND

Phone No.-05946-261122, 210957 Fax No.-05946-264232

Website: [www.uou.ac.in](http://www.uou.ac.in), E-mail: [info@uou.ac.in](mailto:info@uou.ac.in)

**Advertisement No. UOU/R3/005/2019, dated 20 December, 2019**

## Application Form for Academic Consultants

Paste your recent  
passport size  
Photograph here

1. Academic Consultant: **Subject** -----

2. Personal Details:

|   |                      |            |      |                                    |             |                             |         |  |
|---|----------------------|------------|------|------------------------------------|-------------|-----------------------------|---------|--|
| a) Name<br>(in capital letters)             | Mr./Ms./<br>Mrs./Dr. | First Name |      |                                    | Middle Name |                             | Surname |  |
|   |                      |            |      |                                    |             |                             |         |  |
| b) Date of Birth                            | Day                  | Month      | Year | Age as on date<br>of advertisement | Age         | Months                      |         |  |
|   |                      |            |      |                                    |             |                             |         |  |
| c) Father's Name                            |                      |            |      |                                    |             |                             |         |  |
| d) Mother's Name                            |                      |            |      |                                    |             |                             |         |  |
| e) Nationality                              |                      |            |      |                                    |             |                             |         |  |
| f) Gender                                   |                      |            |      |                                    |             |                             |         |  |
| g) Religion                                 |                      |            |      |                                    |             |                             |         |  |
| h) 1- Community/Category<br>(GEN/SC/ST/OBC) |                      |            |      |                                    |             |                             |         |  |
| 2- Domicile of Uttarakhand                  |                      | YES/NO     |      |                                    |             | Sl. No of proof<br>enclosed |         |  |
|   |                      |            |      |                                    |             |                             |         |  |
| i) Marital Status                           |                      |            |      |                                    |             |                             |         |  |
| j) Present Postal Address with PIN<br>Code  |                      |            |      |                                    |             |                             |         |  |
| k) E-mail:                                  |                      |            |      |                                    |             |                             |         |  |
| l) Mobile No:                               |                      |            |      |                                    |             |                             |         |  |
| m) Landline with STD Code                   |                      |            |      |                                    |             |                             |         |  |
| n) Fax                                      |                      |            |      |                                    |             |                             |         |  |

| 3   | <b>Educational Qualifications (attached additional pages if required)</b> |                               |                      |                    |            |                      |                                  |                          |                          |
|---|---|-------------------------------|----------------------|--------------------|------------|----------------------|----------------------------------|--------------------------|--------------------------|
| Name of Qualification   | Name of the Course  | Name of the Board/ University | Month & Year Passed  | Division           | % of marks | Aggregate Marks      | CGPA (If grading is application) | Subject Studies          | SI No. of proof enclosed |
| 10 <sup>th</sup> class/ Equivalent  |   |                               |                      |                    |            |                      |                                  |                          |                          |
| 12 <sup>th</sup> Class/ Equivalent  |   |                               |                      |                    |            |                      |                                  |                          |                          |
| Bachelor Degree   |   |                               |                      |                    |            |                      |                                  |                          |                          |
| B.Ed./Other Bachelor Degree   |   |                               |                      |                    |            |                      |                                  |                          |                          |
| Master's Degree   |   |                               |                      |                    |            |                      |                                  |                          |                          |
| M.Ed./Other Master Degree   |   |                               |                      |                    |            |                      |                                  |                          |                          |
| M. Phil/ Equivalent   |   |                               |                      |                    |            |                      |                                  |                          |                          |
| Ph.D.   |   |                               |                      |                    |            |                      |                                  |                          |                          |
| Indicate whether Ph.D. degree has been Awarded: Yes/No  |   |                               |                      |                    |            |                      |                                  |                          |                          |
| If awarded whether the Ph. D. degree is in accordance with UGC regulation 2009 (If yes please submit proof of evidence) |   |                               |                      |                    |            |                      |                                  |                          | SI. No. of Proof enclose |
| Yes/No  |   |                               |                      |                    |            |                      |                                  |                          |                          |
| In case of Ph.D. degree Awarded please submit the followings  |   |                               | Date of Registration | Date of Submission |            | Date of Notification |                                  | SI. No. of Proof enclose |                          |
|   |   |                               |                      |                    |            |                      |                                  |                          |                          |
| NET UGC/CSIR For lectureship if any   |   |                               |                      | Subject            | Roll No    | Year                 |                                  |                          |                          |
|   |   |                               |                      |                    |            |                      |                                  |                          |                          |
| Any other Exam passed equivalent to NET (SLET/SET etc.)   |   |                               |                      |                    |            |                      |                                  |                          |                          |

| 4. Chronological List of Experiences (including current position /Employment |                                 |  |                      |         |  |                       |                           |
|--|---------------------------------|--|----------------------|---------|--|-----------------------|---------------------------|
| Designation & Pay Band   | Name& Address of the Employment | Nature of employment (Permanent/ Temporary/ Contract/ Others (Specify) | Period of Experience |         | No. of Years/ Months (as on day of adv.) | Nature of Work/Duties | Sl. No. of proof enclosed |
|  |                                 |  | Date From            | Date to |  |                       |                           |
|  |                                 |  |                      |         |  |                       |                           |
|  |                                 |  |                      |         |  |                       |                           |
|  |                                 |  |                      |         |  |                       |                           |
|  |                                 |  |                      |         |  |                       |                           |
|  |                                 |  |                      |         |  |                       |                           |
|  |                                 |  |                      |         |  |                       |                           |

| 5. Total Period of Experience (Please ensure that the period of Teaching & Research experiences claimed do not overlap) |             |               | Sl. No. of proof enclosed |
|---|-------------|---------------|---------------------------|
| a) Teaching   | No of Years | No. of Months |                           |
| i) Under Graduation Level   |             |               |                           |
| ii) Graduation Level  |             |               |                           |
| iii) Post Graduation Level  |             |               |                           |
| b) Post- Doctoral: Teaching/ Research   |             |               |                           |
| c) Research Experience  |             |               |                           |
| d) Other Experience, if any   |             |               |                           |

| 6. Publications, if any, in last five years (Mention here only numbers. The details of copies of reprint to be enclosed- for teaching posts only) |                 |                |                         |   |                          |
|---|-----------------|----------------|-------------------------|---|--------------------------|
| Publications  | Published (No.) | ISBN/ ISSN No. | Accepted in print (No.) | Communicated (other than Published/ Accepted) | Sl No. of proof enclosed |
| Books   |                 |                |                         |   |                          |
| Books (As co-author)  |                 |                |                         |   |                          |
| Books(edited)   |                 |                |                         |   |                          |
| Chapter in books  |                 |                |                         |   |                          |
| Research Paper  |                 |                |                         |   |                          |
| Articles in referred journals   |                 |                |                         |   |                          |
| Conference Proceedings  |                 |                |                         |   |                          |
| Other Publications/Patents (Specify)  |                 |                |                         |   |                          |

| 7. Seminars/ Conferences etc.   |   |                 |                           |
|---|---|-----------------|---------------------------|
| Seminars/Conferences/Workshops/Symposiums/Training Programmes etc. <i>Organised</i>   | In India (No.)  | In Abroad (No.) | Sl. No. of Proof enclosed |
|   | Seminars/Conferences/Workshops/Symposiums/Training Programmes etc. <i>Participated as Paper Contributor/ Presentator/Discussant</i> |                 |                           |
| Seminars/Conferences/ Workshops/Symposiums/ Training Programmes etc. <i>Attendant</i> |   |                 |                           |

| 8. Present Position |                         |  |                      |                                       |                           |
|---------------------|-------------------------|--|----------------------|---------------------------------------|---------------------------|
| Designation         | Name of the Institution | Nature of Institution (Govt./ Autonomous Body/ Self Financing/ Private/ NGO/ Others (specify)) | Basic Pay & Pay Band | Gross Pay/ Total Salary P.M. (in Rs.) | Sl. No. of proof enclosed |
|                     |                         |  |                      |                                       |                           |

**Declaration**

I-----Son/Daughter of-----hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection committee and Board of Management meetings, my candidature /appointment may be cancelled by the University.

Signature of the Applicant

Date

Name (in block letters):  
(Application not signed by the candidate is liable to be rejected.)