



UTTARAKHAND OPEN UNIVERSITY

Behind Transport Nagar, Teenpani Bypass Road, Haldwani

Website: uou.ac.in

APPLICATION FORM

Engagement of Assistant Professor (Academic Consultant) on Short-Term Basis

Important Instructions:

1. Please read the eligibility criteria carefully before filling the form.
2. Fill the form in BLOCK LETTERS.
3. Attach self-attested copies of all relevant testimonials.
4. Incomplete applications are liable to be rejected.
5. The application form must be signed by the candidate.

1. Details

- Applied For: Assistant Professor (Academic Consultant)
- Department/Subject: _____
- Application Fee's Details: Rs 500/- (Rupees Five Hundred Only)
Transaction No.: _____ Date: _____

Paste recent
passport size Photo

2. Personal Information

- Full Name (in Block Letters): _____
- Father's Name: _____
- Mother's Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender: _____
- Nationality: _____

3. Contact Information

Correspondence Address:

Permanent Address:

- Mobile No.: _____
- Email ID: _____

4. Educational Qualifications

(Attach self-attested copies of certificates)

Examination	Subject	University/Institution/ Board	Year of Passing	% Marks/ CGPA	Division/ Class
High School					
Intermediate					
Bachelor's Degree					
Master's Degree					
Ph.D.					
NET/JRF (if applicable)					
Any Other					

5. Teaching/Academic Experience

Name of Institution	Designation	Period (From – To)	Nature of Duties	Total Duration

Total Teaching Experience: _____ Years _____ Months

6. Research Publications (if any)

(Attach separate sheet if required)

- _____
- _____
- _____

7. Academic/Administrative Contributions

(Seminars, Workshops, Conferences, Projects, Awards, etc.)

8. Declaration

I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that any false or misleading information may lead to cancellation of my candidature at any stage.

Date: _____

Place: _____

Signature of the Applicant: _____

Name of the Applicant: _____

For Office Use Only

Application No.: _____

Date of Receipt: _____

Verified By: _____

Remarks: _____