



ಕೌಶಲ್ಯ ವಿಕಾಸ ಭವನ, ಗ್ರಾಮ ಗಂಗೋತ್ರಿ ಆವರಣ, ನಾಗಾವಿ ಗದಗ-582103

Koushalya Vikas Bhavan, Grama Gangothri Campus, Nagavi, Gadag-582103

E-mail: [ksrdpru@gmail.com](mailto: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)

**Post Applied for:**

**Programme:**

Photo

**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

<b>Sl. No.</b>	<b>Particulars</b>

**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***