 **Application No**……… (Office use)

**FAROOK TRAINING COLLEGE**

**Research Centre in Education,**

**Accredited at A grade with CGPA 3.25 by NAAC & Accredited at A+ grade with CGPA 3.39 by SAAC**

(*Govt. aided minority institution affiliated to University of Calicut & recognized by UGC&NCTE*)

Farook College (P.O), Calicut – 673632, PH: 0495 2440662, E-mail: [farooktc06@gmail.com](mailto:farooktc06@gmail.com),

Web: www.farooktrainingcollege.ac.in

**PHOTO**

**Application for the post of Assistant Professor of**

**……………………………………………………./ UGC Librarian**

**Application fee : Rs.2000/-\***

Mode of Payment: DD/ Online, Date of Payment: ………/………/2024

DD No………………………/ Online Transaction Reference No: ……………………………..

\**No fee for PWD Candidates*

1. Name in full (in block letters) **:**
2. (a). Date of birth in Christian Era **:**

(b). Age as on 01.01.2024 **:**

3. Sex & Marital status **:**

4. Place of birth (Village, Taluk, District & State ) **:**

5. Religion & Community **:**

6. Category (*Put tick mark*) **:** General/ Muslim /PWD

(*Attach Community certificate for posts reserved for Muslim community and medical certificate from competent authority for posts reserved for PWD*)

7. If PWD, mention the category under PWD & **:**

nature of your disability

8. Permanent Address (with PIN Code) **:**

9. Phone No. & Email Address **:**

(*Mobile number & Landline number/alternate number*)

10. Address for correspondence **:**

11. Name of Parent/ Guardian and relationship **:**

with the applicant

12. Occupation **:**

13. Contact number **:**

14. Academic Qualifications

1. Is your Education under 10+2+3+ pattern **:** Yes/No
2. If no, Give details **:**
3. Details of academic qualifications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Examinations passed | Subject  (Main & subsidiaries) | Month& year of Passing | Marks / Grade obtained& Max. Marks/Grade | % of Mark/Grade | Class & Rank | Institution & University |
| B.A/B.Sc./B.Lib.Sc. |  |  |  |  |  |  |
| M.A/M.Sc./ M.Lib.Sc. |  |  |  |  |  |  |
| Additional Approved PG’s  1.  2. |  |  |  |  |  |  |
| B.Ed.  (Optional………………) |  |  |  |  |  |  |
| M.Ed. |  |  |  |  |  |  |
| UGC – NET  1. Education/ Lib. Sc.  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| UGC -JRF  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| M.Phil.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| Ph.D.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| Other qualifications if any |  |  |  |  |  |  |

(*Add rows if necessary. Attach self-attested copies of all certificates including SSLC&+2*)

15. Title of Ph.D. Thesis and date of award **:**

16. Details of Publications - Number of publications in

(1). Peer-reviewed/ UGC listed journals with ISSN

(a). International Journals **:**

(b). National Journals **:**

(2). Number of books published as sole author with ISBN **:**

(3). Number of Chapters in edited books/seminar proceedings with ISSN/ISBN **:**

*(Attach copies of the articles. Attach additional sheets with details of Title, Journal/Book, Peer reviewed/ UGC CARE list. National/ International, ISSN/ISBN No. with impact factor, Vol./Issue. Order of authorship 1/2/3 etc. Proforma given along with notification*)

17. Number of Papers presented in

a. International seminar /Conference/ Symposia **:**

b. National seminar /Conference/ Symposia **:**

(*Attach Copies of presentation certificates*)

18. Approved Teaching/Library experience in years **:**

(*At college level in Govt./Aided Colleges, University departments/Centres etc. Enclose experience certificates*)

19. Post Doctoral Research experience in years **:**

(*Mention details &attach experience certificate*)

20. Awards received

(a). International **:**

(b). National **:**

(c). State **:**

21. (a). Whether employed? **:**

(b). If yes, mention Designation, Institution, **:**

name and address of the employer

22. Are you a party in any civil litigation or :

arrayed as accused in any criminal proceedings?

(If yes furnish details)

23. Name, Address & phone number of two persons who are not related to

the candidate from whom reference can be made. **:**

1. 2.

24. Any other achievements or information, if any **:**

(Attach documents)

25. List of Enclosures **:**

**Declaration**

I……………………………………………….., do hereby declare that the information given above are true to the best of my knowledge and belief.

Place:

Date: Name & Signature of the applicant

For office use only

Date of submission **:**