



ગુજરાત કેન્દ્રીય વિશ્વવિદ્યાલય
CENTRAL UNIVERSITY OF GUJARAT
 (Established by an Act of Parliament of India, No 25 of 2009)
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**Photograph
of
Candidate**

Application form for Guest Faculty

Post applied for: **Guest Faculty**

Centre: **Department of Chinese Studies (DCS), School of Language, Literature and Culture Studies (SLLCS)**

Name of Candidate (Full in Capital)		
Date of Birth (DD/MM/YYYY)	____ / ____ / ____	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> Transgender <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/> Divorcee <input type="checkbox"/> Other <input type="checkbox"/>
Communication Address		
Mobile No.		
Email		
Category	General <input type="checkbox"/>	OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Other <input type="checkbox"/>
Nationality		
Qualifications:	Particulars	Office Use Only
UG	_____ marks obtained out of _____, (____ %)	
PG	_____ marks obtained out of _____, (____ %)	
M.Phil.	_____ % _____ Year	
Ph.D.	Title: _____ Year (degree awarded)	
NET / JRF	Months _____ Year _____ Subject:	
Research Publications	_____ Total Nos. (Research publications published in Peer-Reviewed or UGC-listed Journals) (copy enclosed)	

Teaching / Post-Doctoral Experience	<p style="text-align: center;">_____ Year(s) _____ Month(s) (copy enclosed)</p>	
Awards i. International / National Level ii. State-Level	<p style="text-align: center;">_____ Year(s) _____ Month(s)</p> <p style="text-align: center;">(Awards given by International Organisations/ Government of India / Government of India recognised National Level Bodies)</p> <p style="text-align: center;">_____ Year(s) _____ Month(s)</p> <p style="text-align: center;">(Awards given by State Government)</p>	
Admissible Total Scores (for office use only)		

I hereby declare that all entries made by me 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.

Place: _____

Date: _____

Signature of the Candidate