LAKSHMI DEVI SHROFF ADARSH SANSKRIT COLLEGE

HARISHARNAM KUTIR, KALIRAKHA, B. DEOGHAR-814112 (JHARKHAND)

Phone: 8298090485, E-mail: ldsasmahavidyalaya@gmail.com

Website: www.ldsasmahavidyalaya.com

[Recognized as Adarsh Shodha Sansthan under the Scheme for financial assistance to institutions recognized as Adarsh Sanskrit Mahavidyalayas/Adarsh Shodha Sansthan being implemented by the Central Sanskrit University, Delhi (Formerly Rashtriya Sanskrit Sansthan, under Ministry of Education, Government of India)]

APPLICATION PROFORMAFOR THE POST OF ASSISTANT PROFESSOR (VYAKARANA)

- 1. The application duly filled in the prescribed proforma along with all enclosures should reach the institution within the prescribed time by Registered Speed Post.
- 2. No alteration / deletion / addition change should be made in the prescribed contents of the form failing which the application will not be considered. Wherever required, this prescribed form can be expanded to fill up / furnish required information on the form itself.
- 3. All required information be filled up & furnished at appropriate space in the form. If no information is to be filled up, then there it should be written as NIL or Not Applicable.
- 4. Employed candidates should route their application through proper channel duly certified / forwarded as per Part II of the application as prescribed in the last page. The application received after the last date, due to postal delay or otherwise will not be considered.
- 5. Each page of the application should be signed by the candidate.
- 6. Fee is to be deposited through Demand Draft drawn in favour of "The Principal, Lakshmi Devi Shroff Adarsh Sanskrit College, Harisharnam Kutir, Kalirakha, B. Deoghar-814112(Jharkhand) payable at Deoghar" and sent to "The Chairman (Management Committee), Lakshmi Devi Shroff Adarsh Sanskrit College, Harisharnam Kutir, Kalirakha, B. Deoghar-814112" alongwith application form by Registered Speed Post (ordinary post or by hand will not be accepted).

Bank Draft details (Please write name, mobile No. & post applied for on back side of Bank Draft)

Bank Name:	Branch	
	Name:	
Bank Draft No. &	Amount:	
Date:		

PART - I

Recent pass port size photo of the candidate

1.	Name (in Block Letters)	:
2.	Father's Name	
3.	Mother's Name	:
4.	Date of Birth	: Year Month Day
5.	Age as on closing date of advertisement	: Year Month Day
6.	Place of Birth	:
7.	Sex	:
8.	Marital status	:
9.	Nationality	:
	Indicate whether belongs to C/ST/OBC/PwBD category	•
11.	Ex-Serviceman	: Yes/No
12.	Present Position held	:
13.	Present Emoluments	:
	(i) Pay Band:AGP/GP/Basic Pay/Pay Matrix	:
	(ii) Allowances	:
	(iii) Total pay/emoluments	:
14.	Address for correspondence (with pin code)	:
15.	Permanent Address (with Pin code)	:
16.	Telephone & Mobile No	:
17.	Email	:
18.	Fields of Specialization under the Subject/Dis	cipline -

19. EDUCATIONAL QUALIFICATIONS DETAILS

Examination/ Degree	Title of Degree/ Diploma	Specialization	Name of Board/ University	Year of Passing	Total Marks	Marks obtained	Division & Grade Percentage	No.
High School/ Sec. or equivalent								
Higher Secondary/ P.U.C or equivalent/ Senior Secondary/ Inter or equivalent								
Graduation/B.A degree / Shastri or equivalent								
Post Graduation/ M.A. degree / Acharya or equivalent								
B.Ed. / Shiksha- Shastri or equivalent								
M.Ed. / Shiksha- Acharya or equivalent								
Textual criticism and Manuscript related courses								
Any other Qualification								

20. RESEARCH DEGREE

Examination/Degree	Subject	Name of University	Title of Thesis/Dissertation	Date of Submission Thesis/ Dissertation	Date of Award of degree	Annexure No.
M.Phil degree						
Ph.D or equivalent						
D.Litt.						

21. A. LANGUAGES KNOWN

Please indicate proficiency in speaking, writing and reading :-

Sl.No.	Languages	Speaking	Writing	Reading
1.	Sanskrit			
2.	Hindi			
3.	English			
4.	Any other (Pl. Specify)			

B. SCRIPTS KNOWN

Please indicate proficiency in writing and reading :-

Sl.No.	Script	Writing	Reading

C. VEDIC KNOWLEDGE

Please indicate proficiency in writing and reading:-

Sl.No.	Veda-Shakha	How many years	Any special Patha Vikriti
			learned

22. TEACHING/ RESEARCH EXPERIENCE

Teaching Experience in College/ University/ School/other level	Name of the College University/Institution	Subject	Status (Permanent/ Adhoc/ Contract/ Guest)	Designation	Pay Scale, GP/Pay matrix Level, Total Emoluments	From (date)	To (date)	Total Experience in Years And Months	Annexure No.

23. ADMINISTRATIVE EXPERIENCE/ACADEMIC ADMINISTRATIVE EXPERIENCE

Sl.	Name & address of	Designation	Nature of work	Period (Dates)		Pay Scale,	Annexure
No.	organization					GP/Pay matrix	No.
						Level,	
						Total	
				From	To	Emoluments	

${\bf 24.}\ \ KNOWLEDGE\ OF\ TEXTUAL\ CRITICISUM\ AND\ MANUSCRITLOGY: \\ {\bf --}$

Sl. No.	Name of the Manuscript Edited published	Howmany manuscript leafs Edited Published and number of printed pages as a book format	Publisher Name	ISBN no.

PART - 2

25. Research Paper published in UGC Approved Journal/ Peer-Reviewed Journal/ Referred Journals/ Non-Referred reputed journals/ CARE listed journals:

Name Of Journal	Journals published by	ISSN No.	Whether UGC Approved/ Peer-Reviewed Referred/ CARE listed etc. details please	Impact Factor (if Applicable)	Annexur e No.

26. Publication other than Research papers:

(a) Books authored which are published

Books authored	Authorship	Title of Book/	Details of Publisher	ISBN/	Annexure
(Complete Book/ Chapter in	(Sole Author/	Manuscript/ Journals	(National/	ISSN	No.
Edited book Research Paper	Co-author/	1	International/	No.	
in Book)	Editor Co-Editor Any		Foreign)		
	other)				

(b) Translation works in India and Foreign Languages by Qualified Faculties

Book Translation	Authorship	Indian Language/	Title of	Details of	ISBN/	Annexure
(Complete Book/	(Sole Author/	Foreign	Book Chapter or	Publisher	ISSN	No.
Chapter in book/	Co-author any other)		Research Paper	(National/	No.	
Research Paper of the		(Mention the		International/		
Book)		language name)		Foreign)		

27. Creation if ICT mediated Teaching Learning Pedagogy and content and development of new and innovative courses and curricula:

a. Development of Innovative pedagogy

Details of the Programme	Subject	Name of the Institution University	Programme started from	Programme Ended	Annexure No.

b. Design of new curricula and courses

Details of the Course Curricula	Subject	Name of the Institution University	For which class Aevel	Course duration	Annexure No.

c. Contribution towards the Development of MOOCs:-

Name of the	subject	University/	Sponsoring	Contribution	No of	Content	Annexure
Course		Institution	Agency (UGC/	(Developed/	Quadrant	writer/	No.
		& Place	GoI/others)	Conducted/	/Modules /	Subject matter	
				any other)	lecture	expert/	
					developed	Course	
						Coordinator	

d. Contribution towards the development of E-Content :-

Name of the Course	subject	University/	Sponsoring	Contribution	Quadrant/E	Complete	Anne
		Institution	Agency (UGC/	(Developed/	-content	Course/	xure
		& Place	GoI/any other)	Conducted/	module	Paper/	No.
				any other)	developed	e-book	

28. (a) Evidence of actively involved in guiding Ph.D students. (Research Guide), if applicable or act as Co-Guide

Level (Ph.D.M.Ed/ M.Phil. P.G./ D.lit)	Title of Thesis / Dissertation	Name of University/ Campus	Act as Co-Guide/ Guide	Status (Awarded/ In Progress)	Ph.D Awarded date/Date of Joining Ph.D. under Guidance	Annex ure No.

(b) &(c) Research Projects (minor or major) Completed Ongoing.

Type of Project	Funded By	Title of The	Amount			Position in the	Annexure
(Major/Minor)		Project					No.
&(National/				Project	(Completed/	(Principal	
International)				(in Yrs.)	Progress)	Investigator/Co-	
The matronary						Principal	
						Investigator/	
						Director Any status)	

(d) Consultancy

Title	The Project (in Yrs.)	Amount mobilized	Status of the Project (Completed/ Progress)	Position in the Project	Annexure No.

29. (a) &(b) Patents/Policy Documents:

Patent Policy Document	Description / Patent	Name of the International/	Annexure No.
		State Govt. / Local bodies	

(c) Awards Fellowship

Name of the Award	Description	International / Central / State Govt. / Local bodies	Agency	Annexure No.

30. International Exposure (International Conferences organized Attended, Academic Collaboration/Invited lectures/Resource Person/Paper presentation in Seminars:

Type	Title of the	Paper	Level	Title of the	Date /	Organiser	Annexure
(Seminar/	programme	resented Participated	(International	Research	Duration		No.
Conference/		Resource Person/	Abroad International	paper	(From -		
Invited lectures)		Other	-within country/		To)		
			National & State /				
			University)				

PART - 3

31. Membership of Academic Bodies / Professional Bodies / Associations:-

Name of the	National/	Date /I	Annexure	
Organization Body International		From	То	No.

32. Membership of Authorities and Bodies of University /Institutions.

Name of the	National/	Date / Duration		Annexure
University Institution	International	From	То	No.

33. Your vision for the Lakshmi Devi Shroff Adarsh Sanskrit College, recognized as Adarsh Sanskrit Mahavidyalaya, Jharkhand-specify achievable and realistic.

Not more than 200 words J

34. Identify three areas that you will take up and make substantial progress during your tenure as Assistant Professor in Lakshmi Devi Shroff Adarsh Sanskrit College, recognized as Adarsh Sanskrit Mahavidyalaya, Jharkhand.

Not more than 200 words J

Address/Phone number /Mobile num E-mail Other Relevant Information & Significant Contributions not mentioned earlier: I hereby declare that the information/documents enclosed along with Proforma provided by me are correct.	Contact details including Present Postal Address/Phone number / Mobile number /		<i>:</i> -
No. Name Contact details including Present Pos Address / Phone number / Mobile num E-mail Other Relevant Information & Significant Contributions not mentioned earlier: I hereby declare that the information/documents enclosed along with Proforma provided by me are correct. Signature of Place:	Contact details including Present Postal Address/Phone number / Mobile number /		<i>:-</i>
No. Name Contact details including Present Pos Address / Phone number / Mobile num E-mail Other Relevant Information & Significant Contributions not mentioned earlier: I hereby declare that the information/documents enclosed along with Proforma provided by me are correct. Signature of Place:	Contact details including Present Postal Address/Phone number / Mobile number /		<i>:-</i>
No. Name Contact details including Present Pos Address / Phone number / Mobile num E-mail Other Relevant Information & Significant Contributions not mentioned earlier: I hereby declare that the information/documents enclosed along with Proforma provided by me are correct. Signature of Place:	Contact details including Present Postal Address/Phone number / Mobile number /		<i>:-</i>
No. Name Contact details including Present Pos Address / Phone number / Mobile num E-mail Other Relevant Information & Significant Contributions not mentioned earlier: I hereby declare that the information/documents enclosed along with Proforma provided by me are correct. Signature of Place:	Contact details including Present Postal Address/Phone number / Mobile number /		<i>:-</i>
No. Name Contact details including Present Post Address/Phone number / Mobile num E-mail Other Relevant Information & Significant Contributions not mentioned earlier: I hereby declare that the information/documents enclosed along with Proforma provided by me are correct. Signature of Place:	Address/Phone number / Mobile number /	Name	<u> </u>
Address/Phone number /Mobile num E-mail Other Relevant Information & Significant Contributions not mentioned earlier: I hereby declare that the information/documents enclosed along with Proforma provided by me are correct. Signature of Place:	Address/Phone number / Mobile number /	Name	No.
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I hereby declare that the information/documents enclosed along with Proforma provided by me are correct. Signature of Place:	4 Control of the cont	T. P	Odbo Dob
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Proforma provided by me are correct. Signature of Place:			
Proforma provided by me are correct. Signature of Place:			
Proforma provided by me are correct. Signature of Place:			
Signature of Place :	-	-	_
Place:	t.	provided by me are corr	Proforma p
Place :	Signature of Candida		
Date:	Signification of Children		Place :
			Date:

PART – II

$\underline{\textbf{FORWARDING NOTE BY THE EMPLOYER}} *$

	It is certified thatDr of				
	working in this institution from and				
1)	Information given in the above proforma is correct as per the service records of the applicant.				
2)					
3)	The integrity of the applicant is beyond doubt.				
4)	That no major minor penalty has been imposed on the applicant during the entiretenure.				
5)	5) The cadre controlling authority of the applicant has given clearance to enable him her apply for				
	post.				
6)	Attested copies of the last five (5) years of the applicant's Annual Confidential Report / Annual				
	Performance Appraisal Report has been enclosed while forwarding this application.				
	Countersigned by the authorized signatory on behalf of the employer				
	(Seal of the authorized signatory) Place				
	Date				

* Wherever applicable