

DEVA MATHA COLLEGE, KURAVILANGAD, KOTTAYAM – 686 633

Website: www.devamatha.ac.in; Email: principaldmck@gmail.com; Phone: 04822-230233, 232951

APPLICATION FOR THE POST OF ASSISTANT PROFESSOR

_	For office use	only:								
	Application No		Affix Re	cent						
	Application rec	Sd/-			Passport					
	Sr					Sr.Supdt. Photograph				
_	ory: Community may tick more that	_		~	PD	Quota				
1.	Subject			:		•••••	•••••		•••••	
2.	Name (In Block	Letters)		:					•••••	
3.	Address (Perm	Address	ss (For Correspondence)							
				:						
	Mobile Nos: (1	(2)								
	E-mail ID:								•••••	
4.	Gender: Male	Fema	ale [Tı	ransgende	er 🔲				
5.	Age & Date of Birth :									
6.	Native Place with District :									
7.										
8.	Address of the Guardian :									
with Relationship and Phone No.										
9.	Qualifications (A	Attach copy of	f mark l	lists/releva			••••••		•••••	
	i. Academic	Qualificatio	ns							
	Name of the Qualification	Subject	Max. marks	Marks obtained	Class secured	% of mark	Board /	University	Year of passing	

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Name of the Qualification	Subject	Max. marks	Marks obtained	Class secured	% of mark	Board / University	Year of passing
S.S.L.C							
Pre-Degree/Plus Two							
B.A./B.Sc./B.Com.							
M.A./M.Sc./M.Com.							
M.Phil.							
Ph.D.							
NET							
JRF							
Any other Degree/Diploma							

ii. Teaching experience, if any, with dete(Experience as per UGC Regulations 2018 – Clause 10.0)	ails :
,	
iii. Awards: (a) International/National Level*	:
(b) State Level (Given by State Govt.)	:
iv. If employed, whether NOC from the employer is attached or not	:
10. Religion, Caste, Denomination	:
11. If Syrian Catholic (Syro Malabar Catholic) give the following details	
the Parish Priest)	om:
12. No. of published research papers (Published in Scopus/SCI indexed or UGC)	: -
CARE listed Journals. Give separate lists a attach reprints)	nd
13. Any connection with this college	:
14. Any other relevant information you would like to provide	;
I certify that the information given above a and belief.	re true and correct to the best of my knowledge
Place:	
Date:	Signature of the Applicant
N.B.: a) If the application fee is paid by DD: DD N	No, Amount Rs
Date, Bank/Branch.	
b) Self attested copies of certificates (for No. application.	9 & 10) are to be enclosed along with this
c) The applicant should bring all necessary do and interview.	ocuments in original when called for verification
d) Those who have studied in other universiti Mahatma Gandhi University, Kottayam.	es shall attach equivalency certificate from
e) Those who apply for Persons with Disabili certificate issued by the competent authorit	

* Awards given by International Organizations/Government of India /Government of India

recognized National Level Bodies.