APPLICATION FORM

1. Fill in application in block letters or type. **Note**

- 2. Attach separate page(s) in case of insufficient space in any column.
- 3. See website (www.aud.ac.in) for details about school/programme structure, etc.

1. Post Applied fo	r: Con	sultant (Acad	emic) on con	tract basis	
2. a) Schools/Centr	e/Office::		· ·		
b)Area(s) of spec	ialization:	<u></u>			
3. Name in full	:				
4. Address for corre	spondence : _				
5. (a) Tel. no. (with (b) Mobile no.	•				
(c) E-mail address	;				
6. Date of birth	:] (Day) [(Month)	(Year)
7. Nationality/citizer 8. Educational qualifi		h additional n	ages if neces	sarv):	
Examination/Degree	University / Board	Year Awarded	Division	Percentage marks/ grade	Subjects
Graduation or equivalent				- Brude	
Post-Graduation					
or equivalent				***************************************	
MPhil					TARITA TITLE CONTOCUENT IN THE VIEW CONTOCUENT CONTOCUE
(other details in 9. below)					W. W
PhD					
(other details in 10. below)				<u> </u>	
Other (NET)					137-100-007-007-007-007-007-007-007-007-00
9. Title of MPhil thesi					
10. Title of PhD thesi					
*** / / / /					
Discipline/area in wi Name(s) of the PhD s					

11. Experienc	e (starting wit	h the most re	cent, attach	additional	l pages if nec	ess	ary):	
Name of the	Post held	Pay scale	Period		Nature of work		Last basic pay	
institution/							(in Rs.)	¥
organization			•	Ç				
			From	То				
12. Publicati	ons: Provide d	letails of boo	ks (single a	uthor and	co-authored	l or	edited), journal	articles/papers,
other professi	onal writing o	or accomplish	ments (e.g.,	, performa	inces, record	ling	s, films, official	reports). Details
should include	publisher / jo	urnal names,	volume nun	nbers, publ	lications date	es, p	age numbers, IS	BN numbers, etc.
(Attach additi	onal pages if n	ecessary).						
13. Language	e(s) known :							

Language (s	· .	Read		Write	5	Spea	ak	
(Please t	tick)							
(i) English								
(ii) Hindi								
(iii)								
(iv)								
14. Date of ret	irement & Pos	t from which	retired (if a	pplicable)	:			
15. Departmen	nt from where	retired (if ap	plicable):					
16.Vigilance S	tatus at the tin	ne of retireme	ent(if applic	able):				
17 Basic Pens	ion (Please att	aché a convid	of PPO+if an	nlicahle).				
17. Dasie i ella	ion (i icase aci	ache a copy c	n i i O. ii ap	piicabiej.				
18. Other rele	evant informa	tion vou wis	h to provic	le (e.g., m	embership o	of n	rofessional bod	ies; editorships;
								als; government
commendatio	·			,	protocoloni	,		, 60, 01,
	•							
							rect to the best o ion given in this	of my knowledge form.
Date:								
Place:								
							Signatur	e

The second secon

The second secon