

EWING CHRISTIAN COLLEGE, ALLAHABAD

(An Autonomous Constituent College of Allahabad University)

APPLICATION FORM FOR ASSISTANT PROFESSOR IN B. Ed.

Note: Kindly fill the Form in CAPITAL LETTERS only.

Name of the Subject: _____

Name (in block letters)

Father's Name (in block letters).....

Date of birth Religion

Address:

Paste your recent passport size colour photograph here

Mobile No.: E-mail:

Academic qualifications:

Examination	Year	Subjects / Stream	Division / Grade	%	School/ College attended	University / Board
Class X						
Class XII						
Bachelor's Degree						
Master's Degree						
B. Ed.						
M. Ed.						
M. Phil.						
Ph. D.						
NET						
Other (Attach a separate sheet if needed)						

Teaching experience, if any:

Name of the University/College/ Institution	Designation	Nature of post (permanent/temporary etc.)	Classes taught		Period	
			Under-graduate	Post-graduate	From	To

(Attach a separate sheet if needed)

Number of Research Papers and Publication in recognised National or International only
(ISBN No. required):

Demand Draft Details

Name of Bank:, Branch

D.D. No. D.D. Amount, D.D. Date

DECLARATION: I certify that the statements made above are true to the best of my knowledge, and nothing relevant has been concealed. I agree that if, at any time, I am found to have concealed or misrepresented any information, or given false details, my candidature is liable to be terminated without notice or compensation.

Signature of Applicant

Date:

Place

PLEASE NOTE:

1. Only hand-written forms will be accepted.
2. Self-attested copies of certificates, mark sheets, testimonials to be attached. Originals must be brought at the time of the interview.
3. No TA/DA will be paid to Out-station candidates who are called for interview.
4. Working applicants are required to attach NOC from the present employer.

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ACKNOWLEDGEMENT SLIP

Duly filled Application Form of _____ for teaching

_____ with Demand Draft (D.D.) of Rs. _____,

No. _____, dated _____ issued from the

_____ Bank is received in the Principal's Office, ECC, Allahabad.

Signature of Authorized Person

Name: _____

Date: _____