

**Application Forms for Appointment as Research Associate
Gautam Buddha University Greater Noida
Gautam Budh Nagar-201312(U.P) India**

For Office use: Application no	
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Advertisement No. and Date: **GBU/Admin/01/2016**

Name of the Applicant (in capital letters):

Department in which Appointment sought:

School:

Field(s) of Specialization as per the Advertisement

1. Educational Qualifications

Degree/ Exam(with Discipline)	University/ College/ Board	Specialization / Subjects	Date of Passing	Percentage of Marks/ Grade	Class/ Division / Grade	Duration of the course
Graduation						
Post Graduation						
Ph. D						

**2. Qualifying Test(s) with Scores/Ranks (NET/NET(JRF) UGC-CSIR/
GATE/SLET/GPTR(GBU) or equivalent)**

(i) Name(s) of the Tests(s).....

(ii) Score(s) and Rank(s).....

3. Details of Post Graduate Thesis (Attach a self attested copy of the abstract)

Title of the thesis	
Research Area	

Signature of applicant

4. Details of Ph.D. Degree (If applicable)

Title of the thesis	
Area of Specialization	
Date of Registration	
Name(s) of Supervisor(s)	
Institute/University	
Full Time/Part Time	
Date of Award/Progress Status	

5. Details of Employment(Please attach self-attested copies)

(a) Teaching Experience:

Institute/ University	At UG/ PG Level	Date of Joining	Date of Leaving	Total Experience	Last Pay, Pay Band and Pay Grade

(b) Research Experience:

Institute/ University	Designation	Area of Research	Date of Joining	Date of Leaving	Total Experience	Last Pay, Pay Band and Pay Grade

(c) Professional Experience:

Name of Employer	Designation	Nature of Job	Date of Joining	Date of Leaving	Total Experience	Last Pay, Pay Band and Pay Grade

6. Publications:

Title of Paper	Journal/ Conference	Impact Factor	Date of Publication	If Paper Accepted (attach proof)

Signature of applicant

7. Any Awards/Rewards (Give details and attach proof)

8. Personal Details

(a)	Date of Birth	
(b)	Gender	
(c)	Marital Status	
(d)	Nationality	
(e)	Category OBC/SC/ST/ PWD (Person with Disability), Attach proof.	
(f)	Father's Name/Husband's Name	
(g)	Permanent Address	
(h)	Address for correspondence	
(i)	E-mail ID	
(j)	Phone no with STD code	
(k)	Mobile No.	
(l)	Were you ever declared medically unfit or asked to submit resignation or discharged/dismissed?	Yes/No.

Declaration

I, hereby, declare that I have carefully read and understood the instructions and particulars advertised and that all the information provided by me in this application is true to the best of my knowledge and belief. If at any time I am found to have concealed/suppressed any material/information or given any false details, my appointment shall be liable to be summarily terminated without notice or compensation.

Date:-

Place:-

Signature of the applicant

Check List for Document Attached

Documents Attached	yes	No
1. Self-attested Copies of Academic Degrees, Mark Sheets and Score Sheet(s) of Qualifying Test(s)		
2. Abstract of Master's Thesis		
3. Institute's Registration letter for Ph.D. degree (If applicable)		
4. List of Publications with complete details		
5. Certificate of Date of Birth		
6. Certificate supporting your Status as SC/ST/OBC/ Physically Challenged (If applicable) issued by the competent authority		
7. A Signed Declaration by the candidate that he has never been convicted by any Court of law, that no criminal cases are pending against him and that no enquiry is being conducted/envisaged against him.		

Signature of applicant