Application Form for Guest Faculty
Rajarshi Tandon Mahila Mahavidyalay

457/399,Malviya Nagar , Prayagraj-211003
A Constituent College of University of Allahabad
(Established by Act No. (25)-2005 of Parliament

Session 2026-2027

(For office use only)	Paste your recent passport size photograph here and sign across the photo so that part of signature should be on the form
No. of Enclosures Attached_____	

Name of the Department Applied for :

1.	**Name** (In Capital Letters)	**First Name**			**Middle Name**	**Surname**	
2.	**Date of birth**	Day	Month	Year	Age as on last date of advertisement	Years	Months
3.	**Place of birth**	City/Village			State	Country	
4.	**Father's Name**						
5.	**Mother's Name**						
6.	**Nationality**				**7. Gender**	Male/ Female	
8.	**Community/ Category** GEN (Please strike out whichever options are not applicable)	/ OBC / SC /ST /Other categories give details _____ S.No. of proof enclosed _____					
9.	**Marital status**	Married / Unmarried/ Divorced / Name of spouse _____					

10.	If Persons with Disability(PwD), indicate the relevant particulars.	Yes/No	Percentage of disability	S.No. of proof of enclosure
(a)	Visually Handicapped (VH)			
(b)	Orthopedically Handicapped (OH)			

11. Educational qualifications (Attach additional pages, if required)

	Name of the course	Name of the Board/ University	Month & Year passed	Div/ CGPA/ Grade	% of Marks (pl. indicate equivalent to CGPA also))	% of Marks (pl. indicate equivalent to CGPA also)	Subjects studied	S.No. of Annexure Enclosed
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
10th Class. / equivalent								
12th Class/ Higher								

Secondary equivalent								
Bachelor's degree								
Master's degree								
M.Phil./equivalent (1 Year Programme)								
M.Phil./equivalent (2 Year Programme)								
Ph.D.								
NET/ SLET for lectureship, if any		Subject			Roll No.		Year	
Any other exams passed								

12. Awards (Best 2 awards only)

Name of Award	**Academic body/Association**	**Year**	**International/National/State level**	**S.No. of proof of enclosure**

13. Teaching/Research experience (Last Five Years Only)

Designation	Teaching/ PDF	Name & address of Department & University/Organization	Period of Experience			Salary	S. No. of Annexure Enclosed
			From date	To date	Total		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

14. Research Publications				
Published Research Papers in Journals (BEST 5 PUBLICATIONS ONLY)				
S.No.	Title of Research Paper	Name of Journal with Volume, Page No and of Publication	ISSN/ISBN No	S. No. of proof of enclosure

15. Corresponding Address:					
a)	Line 1:				
b)	Line 2:				
c)	City:		d)	District:	
e)	PIN:		f)	State:	
g)	E.Mail ID		h)	Mobile No	

16. Permanent Address:					
a)	Line 1:				
b)	Line 2:				
c)	City:		d)	District:	
e)	PIN:		f)	State:	

17. List of self attested testimonials attached (original to be produced at the time of interview)			
Please tick enclosure attached			
Sl. No.	**Cheek List**	**Sl. No. of enclosure**	**No. of sheets enclosed**
i.	Matriculation mark sheet/certificate		
ii.	Intermediate mark sheet/certificate		
iii.	B.A./B.Sc/B.Com (Final) mark sheet/degree		
iv.	M.A./M.Sc/M.Com (Final) mark sheet/degree		
v.	M.Phil degree		
vi.	Ph.D/D.Phil degree		
vii.	D.Litt., D.Sc., L.L.D., degree		
viii.	NET, UGC-JRF, CSIR-JRF Award Certificate		
ix.	Caste Certificate issued by the Competent Authority(OBC/SC/ST/etc)		
x.	Experience certificates		
xi.	Award (s)		
xii.	Fellowship (s)		
xiii.	Publication (s)		

18. Declaration:

I,_____son/daughter of _____hereby declare that all the statement and entries made in this application are complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility beibg detected before or after the Selection Committee and my candidature/appointment may be cancelled by the University.

I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

_____

Name as signed(in BLOCK LETTER)

Date:_____Application not signed by the candidate is liable to be rejected.