



बिहार पशु विज्ञान विश्वविद्यालय

BIHAR ANIMAL SCIENCES UNIVERSITY, PATNA-800014

(Established in 2016 under Bihar Animal Science University Act-2016)

Application Form For Engagement of Guest Faculty-Assistant Professor, College of Fisheries, Kishanganj

Paste your recent passport size photograph here

01	. Name of the post applied for	• • • • • • • • • • • • • • • • • • • •				
2.	Personal Details:					
a)	Name (In capital letters)	First Name	Mi	Middle Name		Surname
b)	Date of Birth	Day	Month	Year		as on date vertisement
					Age	Month
c)	Father's Name :-					
d)	Mother's Name :-					
e)	Nationality :-					
f)	Gender (Male/Female/Other) :-					
g)	UR/UR (F) SC / SC(F) / ST / ST(F) / BC / BC(F) EBC(F) / EWS / EWS(F) / WBC, Physically Hand grandchild of freedom fighters, If other categorie details	1/	•••••••	••••••	•••••	••••••
h)	Marital Status (Married/Unmarried)					
i)	a. If Physically challenged indicate the relevant Particulars b. Grandchildren of Freedom fighter	If applicabil write "Yes" For a or b o and b	D	Percentage Disability		If yes, enclose Proof for a or b and a&b
j)	Permanent Address with Pin Code: -					
Em	ail:-					
Mo	bile :-					
Lai	ndline (STD code) :-					
k)		ce: -				
Em	ail:-					
Mo	bile :-	THE SEPTEMBER OF		-		
	adline (CTD ands)					Attended to the second

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3. Educational qualification (attach additional pages if required) and one set of self-attested photocopies of certificate(s).

Exam	Name of the course	Name of Board/Unive	the rsity	Month year passing	& of	Division	% of marks	CGPA grading application	(if is	Subject studies	SL. No. o	of
10 th	AND DESCRIPTION OF THE PERSON							пррисации			attached	
class/equivalent												
12 th												
class/equivalent												
Bachelor Degree												
Master Degree												
Ph.D.												
Indicate whether If yes please submit the	Title and	gree has be Subject of Thesis	1	warded Date of gistration		es/No/): Date of Submission		Date of otification	S	. I. No. of Pr	roof attached	
following NET/UGC/CSI R/AS/ RB			Subj	ect			I	Rolle No.		Ye	ar	
Following												
Any other exam passed NET (SLLET/SET etc.)							i i					

4. Chronological List of experience (including current position/employment) use separate sheet if needed. Please enclosed self-attested copies of certificate/proof in support of employment.

Designation	Name of employment (Permanent/temporary/ contract/other (specify)	Period of Employment		Years/M	work/Duties	P.M.	Sl.No. of proof
		From	То	onths (as on day of advt.)	(attach separate sheet, if needed)	(Rs.)	attache d

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5. Specify the nature of experience

-	
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1	7

Teaching		Subject/No. of Years	No. of Months	Sl. No. of proof attached	
i)	Under Graduate Level				
ii)	Graduate Level				
iii)	Post Graduate Level				
TEACH	a) Research				
	b) Extension/Training				
	c) Other experience, if any				

6. Publications in last five years (Mention here only numbers. The details of copies of reprint to be enclosed), Separate Sheet can be annexed

Publication	Title	Published	ISBN/ISSN No. if any	Accepted for publication	Sl. No. of proof accepted
Chapter in Books					
Research Papers in peer review journal					
National journal					
International journal		20 - 10			
Conference/Seminar proceedings					
Other publications/patents (Specify)					

7. Seminar/Conferences attended etc. (Attached copies of certificate/proof)

Place	Period/No. of days	Title of Workshop/seminar	Organised By
1.			
2.			
3.			
4.			
Separate Sheet can be annexed			

8. Seminar/Conference Organised (Attached copies of certificate/proof)

Place	Place	Period/No. of days	Organised By
1.			
2.			
3.			
4.			
Separate Sheet can be annexed			

9. Training attended (Attached copies of certificate/proof)

Place	Place	Period/No. of days	Organised By
1.			8
2.			
3.			
4.			
Separate Sheet can			
be annexed			



10 Training Organised (Attached copies of certificate/proof)

Place	Place	Period/No. of days	Organised By
1.			
2.			
3.			
4.			
Separate Sheet ca	n l		
be annexed			

DECLARATION

and entries made in the In the event of any interest	Son/Daughter ofhereby declare that all the statements his application are true, complete and correct to the best of my knowledge and belief. formation being found false or incorrect or ineligibility being detected before or even candidature/ appointment may stand cancelled.
	Signature of the Applicant
	Name (in block letters)
Date:-	(Application not signed by the candidate is liable to be rejected.)

s.sla



BRIEF INFORMATION

GUEST FACULTY-ASSISTANT PROFESSOR OF THE POSTS COF, KISHNAGANJ

Name						
Father	's Name					
Date of	f Birth					
Age on	10.11.2019					
Catego	ry					
Applie	d through					
Educat Qualifi		Name of	the degree	OGPA / Pe		Year of passing
X		High School -		Obtai	neu	
		Plus Two	-			
		Graduatio	n -			
		Post- Grad	duation			
		NET				
		Ph.D.				
Employ	ment Record					
Sr.No. Post and De		partment	Grade	Per	iod	Total Yrs.
				From	To	
Any Exp	erience: Teachi	ng / Researc	h / Extension /	Administration	n / Other:	Yrs.
Research	Paper:					
Popular A	Articles:					
Seminar /	/ Conference At	tended				
	f any)			, , , 90	4	
				10		