

# तमिलनाडु केन्द्रीय विश्वविद्यालय

(संसद द्वारा पारित अधिनियम 2009के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009)

नीलक्कुडी परिसर/Neelakudi Campus, तिरुवारूर/Thiruvapur- 610 005

Email: establishment@cutn.ac.in / Tel: 04366-277256



## WALK-IN-INTERVIEW Notification. CUTN/GF/01/2019

### Application form for the Guest faculty position

(Please read carefully the instructions given in the eligibility criteria before filling the format)

(Please bring **5 sets** of application form duly filled up along with one set of copy of credentials in support of Age, Community, Educational Qualification and Work Experience as claimed by the candidate and submit on the date of Interview at the venue.)

1. Name of the position :

a) Department (if any) :

2. a) Name in full (in BLOCK letters) :

b) Father's / Husband's Name :

c) Whether belonging to : SC ( ) ST ( ) OBC ( ) PWD ( ) EWS ( ) UR ( )

(Please enclose self-attested copy of caste/disability proof certificate issued by the competent authority)

d) Religion :

e) Date of birth (Christian Era) : DD /MM / YYYY

f) Age (in years as on **31.05.2019**) :

Paste a recent  
Passport Size  
Photograph

3.

(a) Permanent address (with phone number and e-mail address)(In block letters)

(b) Address for correspondence (with phone number and e-mail address)(In block letters)

Mobile No:

Email Id:

4. a) Educational Qualification (commencing with Matriculation).

Attach one set of self-attested copies of Certificate (s).

Sl. No	Examination passed	University/Board	Year	Class/ Division/ Grade	% of marks	Subject offered

b) NET Qualified - Yes or No:

If yes, year of passing:-

5. Details of employment (details of present post at the beginning)

Office/ Institution employed	Date of Joining	Date of leaving	Post held	Scale of pay with Grade pay	Basic pay Rs.	Total Salary (Gross) Rs.	Job Description*

(Please enclose self-attested copies of certificates/proof in support of employment) (\*Attach separate sheet, if needed)

6. Time required for joining, if selected:

I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.

Place:

Date:

Signature of the applicant

Name: