

Affix Photo

ANSAR ARABIC COLLEGE VALAVANNUR

Valavannur P.O, Malappuram Dt., Kerala, Pin: 676 551, Phone: 0494 254 7037

NAAC A Grade (CGPA 3.15)

Government Aided College Affiliated to the University of Calicut

College with Minority Status from National Commission for Minority Educational Institutions, New Delhi

Application for the Post of..... as per the notification in
 Daily, dated.....

1. Name of Applicant

(in block letters as in the S.S.L.C. Book)

2. Age & Date of Birth

(as in the S.S.L.C. Book)

3. Sex (✓ Mark in the Appropriate column)

Male

Female

4. Place of Birth**5. Religion & Caste**

Mother tongue

Marital Status

Nationality

District

Village

Town

Taluk

6. Name of Father

Occupation

7. Full Address to which

communications are to be sent

Contact No.1

PIN

Contact No.2

Aadhar No.

E-Mail ID

8. QUALIFICATIONS

Name of Examinations Passed	Name of Institution	Name of University	Year of Passing	% of Marks obtained with rank if any	Subject of Examination in the several parts of main & Sub (copies of certificates should be attached)
a. SSLC					
b. UG Degree					
c. PG Degree (Eligibility: 55% marks and above)					
(Equivalency certificate of PG programme of other Universities should be submitted along with application)					
d. Additional PG Degree					

	Name of Institution	Name of University	Date of Awarding	% of Mark Obtained	Title of Thesis/ Subject
e) Ph. D					
f) M. Phil					
g) Details of Eligibility Test (NET, SLET etc.) (Conducted by UGC/CSIR)	Conducted by		Year of Passing	Rank	Subject
h) Details of Eligibility test (JRF/SRF etc. conducted by UGC/CSIR)					
9) Are you employed? If yes give details and route the application through the employer					
10) Name & Address of two persons who are not relatives of the applicant & who know the applicant well and to whom references may be made					
11) Publication (Paper published in national & International publications- books& or research/ policy papers in indexed/ISBN/ISSN numbered journals & or referred journals and in ISBN/ISSN numbered books) (Separate sheet may be used-Annexure)					
12) Presentation (Paper presented in national/International level seminars/conferences organized by reputed/recognized institution & funded by the agencies like UGC/DST etc. or the Union or State Govt.) (Separate sheet may be used - Annexure)					

13). Research Project done after post-graduation funded by Govt./Govt. Agencies (Furnish full details)		
14) Experience in University/ Govt./Aided Colleges. Year Month <i>(Copies of Experience Certificate to Be Attached)</i> (Experience in self-financing college & school service will not be considered)		
15) Any Other Information, if Any		
15). List of Enclosures (1) (2) (3) (4) (5)	(6) (7) (8) (9) (10)	

I do hereby declare that the informations furnished above are correct to the best of my knowledge and belief.

I agree to bind myself to the conditions of Ansar Arabic College that may be drawn up from time to time by the AnsarArabic College Managing Committee.

Place:

Signature of the Applicant:

Date:

Name in Block Letters:

For Office Use Only

	SSLC
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	PG Equivalency Certificate
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	M.Phil Mark list
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	PG Certificate
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	NET/JRF Certificate
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	Ph.D Certificate
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	PG Mark list
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	M.Phil Certificate
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	Ph.D Mark list
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	Experience Certificate
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	Aadhaar
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ANNEXURE
ACADEMIC QUALIFICATIONS OF APPLICANT

PUBLICATIONS

Sl. No	Name of Book/Journal	Title of the Articles	Date of Publication	Issue/ Volume	Pages from..... to.....	ISBN/ISSN No.

PRESENTATION

Sl. No	Organized by	Funded by	Date and Venue	Title of the Subject	National/ International

RESEARCH SUBJECT

Sl. No	Research Centre	Research Topic	Name of Guide	Funded By	Duration of the Projects	Amount Sanctioned

EXPERIENCE (University Department/Govt. College/Aided College only)

Sl. No	Name of Institution	University / Govt. / Aided (Aided Course Only)	Period		Duration of Service in each institution			Nature of Appointment (Guest/Permanent /FIP)
			From	To	Y	M	D	

Total Eligible Teaching Experience for the Post of Assistant Professor of Arabic

Years	Months	Days	Remarks

I do hereby declare that the informations furnished above are correct to the best of my knowledge and belief.

Place:

Signature

Date :

Name

