

St. Xavier's College

(Empowered Autonomous Institute)

Mumbaí – 400 001

APPLICATION FOR A TEACHING APPOINTMENT DEGREE COLLEGE

		From:	
		Mr. /Ms	
			(in Capital letters)
		Address	
		Tel:	Mobile No.
L		E-mail:	
		Aadhar No:	
To, The Principal, St. Xavier's Co Mumbai- 400 (ollege-Autonomous, 001.		

Sir,

With reference to your advertisement in _____ dated ____, I would like to be considered for a teaching post (Adhoc) in the Degree College at St. Xavier's College (Empowered Autonomous Institute) in the subject of:______.

Following are the relevant particulars.

I. (a) Academic Qualifications:

<u>Degree</u>	<u>Subjects</u> offered	<u>Month &</u> <u>Year of</u> <u>passing</u>	<u>Total Marks</u> <u>Class obtained</u> <u>with</u> <u>Percentage</u> <u>Total/Out of</u>	<u>School /</u> <u>College</u>	<u>Board /</u> <u>University</u>
1. S.S.C. (X)					
2. H.S.C. (XII)					
3. B.A./B.Sc./B.Com					
4. M.A./M.Sc./M.Com.					
5. M.Phil./M.Tech.					
6. Ph.D.					
7. NET/SET					
8. Other Degrees					

(b) Other Qualifications if any (Certificates, Diplomas, etc.):

II. Research & Academic Contributions: (Attach separate sheet with details of the following)

	Yes/No (if yes attach details)
a) Research Papers in refereed Journal:	
b) Non-Refereed but with ISBN/ISSN Numbers:	
c) Text Books/Reference Books/Chapters in Books:	
d) Major Funded Research Projects:	
e) Presentation of Paper at Conferences:	

III. Whether participated in Refresher Course/Orientation Programme: (Attach Certificates)

DurationFromTo		Name of Institution	
		Name of institution	

IV. Experience & Extra – Curricular Activities:-

(a) Teaching experience if any: (If with Teaching Experience, attach Copies of University Approvals)

Institution (College/Univ. Dept)	University	Position held	Nature of appointment Full-time, Part-time, Permanent, Temporary, Probationary etc.	Period of appointment with dates	Subjects & Classes taught	Reason for leaving previous appointment

(b) Extra-Curricular Activities (As a student/staff)?

V. Other Details:-

(a)	Married or single	_Age :	_Date	of Birth :
	Place of Birth:	_Nationality		Religion
	If Backward Class; give particulars:			
(b)	Names & address of responsible pers	sons to whom a	confid	ential reference about me may be made:
	1. Name:		2.	Name:
	Address:			Address:
	Tel No			Tel No

VI. If belonging to Handicapped Category: Mention nature & % of handicap (Attach relevant certificate):

VII. <u>Enclosures :</u>

Certified copies of marksheets / Documents	Tick appropriate details	Certified copies of marksheets / Documents	Tick appropriate details
1. Date of birth (SSC/Matriculate Passing Certificate/Municipal Birth Certificate /School Leaving Certificate)		5. M.A./M.Sc./M.Com. Marksheets	
2. SSC (Class X Marksheet)		6. NET/SET Certificate	
3. HSC (Class XII Marksheet)		7. M.Phil./Ph.D./M.Tech. Marksheets	
4. B.A./B.Sc./B.Com. Marksheets		8. Ph.D. Notification & Degree Certificate	

VIII. Others (if any please mention):

Yours faithfully,

Date:

(Signature)