UNION CHRISTIAN COLLEGE, ALUVA No. APPLICATION FOR THE POST OF ASSISTANT PROFESSOR Subject Space for office use Photo to be affixed Name of the Applicant Category of Post applied for: Open *Community Sex: Male Female Address Pin code Phone Mobile Email: Υ D Μ Date of Birth as in SSLC Book Age Place of Birth **Marital Status** Single Married Physical Disability Yes No If yes specify the details: Denomination Religion Church Diocese Languages Known If currently employed, whether NOC of the employer is obtained Yes (If yes attach a copy) No **Academic Qualifications:** (Attach relevant copies) Class/Rank Subjects main & Year of Name of Institution with No. of **Percentage Exam passed passing if any of marks subs appearances University SSLC Pre-degree/Plus two/equivalent BA/B.Sc. Part I Part II Part III MA/MSc B.Ed a) Institution/University c) Title of dissertation/thesis b) Specialisation d) Year M.Phil Ph.D Eligibility Test Passed: UGC/CSIR JRF **NET** Ph.D.

Any other Degrees/Diplomas:

^{*} Only persons belonging to the Orthodox, Marthoma, CSI and Jacobite churches need apply under this category.

They must attach a certificate from the Parish Priest showing that he/she is a regular communicant member of the Church.

** Give exact percentage, (i.e. 80.93%). For Grades, give conversion criteria. (PTO)

Position held, if any, while a	student (such as											
Captain, Secretary or Preside	· ·											
or Organisation)												
Previous experience if any:	(Teaching experience	e certi	ficat	te m	av b	e atta	ache	ed)				
			Period of service									
Institutions served	Nature of employmen			Y M D					Reason for leaving			
Research Publications (attack	h separate sheets, if r	necess	ary)									
Tittle (Specify National/International)			Journal/Book							Month & year of publication		
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Details of Co-curricular acti	vities (attach separat	e shee	ets, if	f nec	essaı	rv)						
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Research projects/studies un	ndertaken (attach ser	arate	shee	ets, i	f nec	essar	v)					
Tittle				Agency sponsored							Amount allotted	
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Give names, addresses and	phone No. of 3 perso	ns to	who	m r	etere	ence o	can	be m	ade ab	out you		
Give names, addresses and	phone No. of person	s who	se to	estin	noni	als a	re e	nclos	ed			
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* Briefly describe, in your own ha	ndwriting the rescone	why y	011 147	ould	liko	to be	a to	cher (1160 con	arata cha	at)	
* If you are appointed, what is yo	=								_			
towards achieving them (use se		V13101	ı arıa	11113	51011 3	iaicii	icii	s aria	wriat cc	ala you c	ontinbute	
to marao acine ving them (use se	funde officer)											
I,	do hereb	y dec	lare t	that	parti	iculai	rs g	iven a	above a	re true a	nd correct.	
Place:												
Date:				Signature of applicant								

NOTE: Only those who are selected will be informed of the result.