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| **Format of Resume** | | **Photo** |
| **APPLICATION FOR THE POST OF:**  **DEPARTMENT:**  **IELTS BAND:**  **(Speaking/listening/writing/reading)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Name | **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Father’s Name | **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Mother’s Name | **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| DOB | **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Contact No | **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| WhatsApp No | **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Email ID | **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Address | **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Educational Qualification (Starting form Highest)**

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| Sr. No. | Name of Degree | Nam Name of College | Name of University | Months & Year of Passing | % of Marks | Proof Attached (Page no) |
| CGPA & Equivalent marks |
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1. **Relevant Experience (Starting form present post)**

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| Sr. No. | Description | Type of Exp. Regular/Adhoc./Lect. Basis | Institute | Start Date | End Date | Duration | | | Proof Attached (Page no) |
| Y | M | D |
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|  |  |  |  |  |  |  |  |  |  |
| Total Experience | | | |  |  |  |  |  |  |

1. **Extra-Curricular Activities**

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| --- | --- | --- | --- | --- |
| Sr. No. | Name of activities | Position | duration | Proof Attached (Page no) |
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1. **Publications**

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| --- | --- | --- | --- | --- | --- |
| Publications | Mention whether in UGC CARE List SCI/SCOPUS/PEER Reviewed Journal | Total Publication | Description of Journal/Conference | | Proof Attached (Page no) |
| Name of Journal Vol. No. Issue No. ISSN | Name of Conference Venue of conference Date held |
| International Journal |  |  |  |  |  |
| National Journal |  |  |  |  |  |
| International Conference |  |  |  |  |  |
| National Conference |  |  |  |  |  |

Please attach all the above documents in the sequential order as per the data given above.

Signature of Application