## Applications are invited for the post of Controller of Examinations

Name of the App	licant:			
General Informa	tion of Appli	cant		
Name				
Date of Birth				
Correspondence Address				
Contact No.				
Email				
Educational Qua	lifications			
Qualification	Year	% Achieved	University	Subject/Topic of Specialisation
Post Doctorate				
PhD				
	1	L		

1.

2.

Post	Graduation				
Unde	er Graduation				
Adm	ninistrative Posi	<b>tions</b> (Fill details	in the order of lates	st to the oldest)	
SN	Positions	Organisa	tion   Period		Total

From

Experience (Years and

Months)

To

4. Academic Experience Details (Fill details in the order of latest to the oldest)

**3**•

SN	Designation	Organisation	Period		Total Experience
			From	То	(Years and Months)

**5. Research Experience Details** (Fill details in the order of latest to the oldest)

SN	Designation	Organisation	anisation Period		Total Experience
			From	То	(Years and Months)

- 6. Recent five research publications in journals/ books
- 7. Area of Specialisation: (Describe in 100 words)
- 8. Your vision for the position of Controller of Examinations (Describe in minimum 250 words)

## 9. Any other relevant aspects:

## 10. Details of Referees, if any

SN	Name of the Referee	Position held by the referee	Email Id	Mobile No

I hereby declare that all the statements/particulars made/furnished in this application are true, complete and correct to the best of my knowledge and belief. I also declare and fully understand that in the event of any information being found false or incorrect at any stage, my application/candidature is liable to be summarily rejected and if I am appointed, my services are liable to be terminated without any notice from the post of the Controller of Examinations as per the University and other applicable rules.

Place:	(Name and Signature)
Date:	