



SHIA P.G. COLLEGE, LUCKNOW

Daliganj Campus, Sitapur Road, Lucknow-226020.

Advt. No. : 531/2026

Application Form For TEACHING POSTS on Contractual Basis under Self-finance Scheme

Candidates should fill this form in their own handwriting

Affix your recent
Passport size
coloured photograph
here

- (i) POST APPLIED FOR
- Specialization (if any)
- (ii) Date of Advt. Name of the News paper

IMPORTANT : Fill in CAPITAL letters. Use one box for each letter. Leave one box blank after each word.

1. (a) FULL NAME (in English)

(as recorded in the Matriculation or equivalent certificate)

(b) FULL NAME (in Hindi)

2. PRESENT POSTAL ADDRESS :

POST OFFICE :

DISTRICT : PIN CODE :

TELEPHONE / MOBILE No. E-MAIL :

3. PERMANENT POSTAL ADDRESS :

POST OFFICE :

DISTRICT : PIN CODE :

4. FATHER'S NAME :

(as recorded in the Matriculation or equivalent certificate)

5. MOTHER'S NAME :

6. SEX: MALE FEMALE TRANSGENDER

7. MARITAL STATUS: MARRIED SINGLE

8. (a) DATE OF BIRTH :

(as recorded in the Matriculation or equivalent certificate) (Date) (Month) (Year)

(b) AGE (as on the date of applying for the Post) :

Years Months Days

9. PLACE OF BIRTH : (District) (State) (Country)

10. ORIGINALLY RESIDENT OF : 11. NATIONALITY :

12. WHICH CATEGORY DO YOU BELONG : Gen / SC ST OBC

13. DISABILITY : YES / NO (Strike-off whichever is not applicable)
 (PHYSICALLY HANDICAPPED)
 IF YES, NATURE OF DISABILITY : 1. _____ 2. _____ 3. _____

14. CANDIDATE'S MOTHER TONGUE :

15. WHAT OTHER LANGUAGES : Language _____ Speak Y N Read Y N Write Y N
 (if any) THE CANDIDATE CAN SPEAK, READ AND WRITE FLUENTLY

16. EDUCATIONAL/PROFESSIONAL : _____ Y N Y N Y N
 QUALIFICATIONS

Sl. No.	EXAMINATION	ROLL NO.	YEAR OF PASSING	NAME OF THE INSTITUTION WITH DISTRICT	NAME OF THE UNIV./ BOARD	SUBJECT(S)	MAX. MARKS	MARKS OBT.	%	DIV.
1.	Matriculation / High School/ Senior Cambridge/I.C.S.E./ C.B.S.E. or equivalent									
2.	Intermediate/I.S.C. or equivalent examination									
3.	B.A./ B.Sc./ B.Com. or equivalent examination									
4.	M.A./ M.Sc./ M.Com. or equivalent examination									
5.	B.Ed./M.Ed. (Special Education)									
6.	LL.B. (3 Yrs.) / LL.B. (5 Yrs.)									
7.	LL.M.									
8.	M.Phil.									
9.	ANY OTHER QUALIFICATIONS									
10.	Ph.D. / D.Phil. / LL.D.	Date & Year of Award		Name of the University		Subject in which Ph.D. has been awarded				
						Title of the Thesis				

N.B. : Strike off alternatives, which do not apply in your case

* In case of Grading (CGPA) System, calculate equivalent percent and fill in the relevant column. Also, enclose conversion formula certified by the concerned academic Institution.

Signature of Applicant:

17. WHETHER THE CANDIDATE HAS CLEARED ANY ONE OF THE FOLLOWING TESTS:

- U.G.C. - J.R.F. Examination NO / YES Year Subject.....
- C.S.I.R. - J.R.F. Examination NO / YES Year Subject.....
- NET U.G.C. / C.S.I.R. Examination NO / YES Year Subject.....
- SLET Examination NO / YES Year Subject.....
 (Attach self-attested copy of the award letter)

18. ANY OTHER SCHOLARSHIP / FELLOWSHIP AWARDED :
 (Attach self-attested proof thereof)

19. RESEARCH PUBLICATIONS :
 (Give the subject/topics of the paper published together with the name of the journals. Reprints of all papers stated here should be enclosed with the application)
 (Please attach separate sheet, if necessary)

20. BOOKS/MONOGRAPHS/ REVIEW PUBLISHED :
 (Attach proof thereof)

21. ANY POSITION OF AUTHORITY HELD OR DISTINCTIONS :
 (other than scholarship) GAINED AT SCHOOLS & COLLEGES INCLUDING GAMES/SPORTS/OTHER SOCIAL ACTIVITIES

22. APPOINTMENTS (if any) SO FAR HELD :
 (Specify relevant post-qualification experience only)

Sl. No.	Nature of Post	Date of Joining	Date of Leaving	Basic Salary Last Drawn	Reasons for Leaving the Post	Name and Address of the Employer

23. ANY OTHER QUALIFICATION (S) RELEVANT TO THE POST APPLIED FOR :

Signature of Applicant:

24. (A)

PRECIS

(To be filled by the applicant in duplicate, A and B)

*(Affix your recent
Passport size coloured
photograph here)*

NAME OF APPLICANT :

DATE OF BIRTH :

EXAM PASSED	ROLL NO.	YEAR	PASS %
Matriculation / High School/ Senior Cambridge/I.C.S.E./ C.B.S.E. or equivalent			
Intermediate/I.S.C. or equivalent examination			
B.A./ B.Sc./ B.Com. or equivalent examination			
M.A./ M.Sc./ M.Com. or equivalent examination			
B.Ed./M.Ed. (Special Education)			
LL.B. (3 Yrs.) / LL.B. (5 Yrs.)			
LL.M.			
NET			
M.Phil.			
Ph.D. / D.Phil. / LL.D.			
ANY OTHER QUALIFICATIONS			

Research publications (no.)	Ph.D. Guided	Teaching experience (years)	Research experience (years)

Date:

Place:

(Signature of Applicant)

25. (B)

PRECIS

(To be filled by the applicant in duplicate, A and B)



NAME OF APPLICANT :

DATE OF BIRTH :

EXAM PASSED	ROLL NO.	YEAR	PASS %
Matriculation / High School/ Senior Cambridge/I.C.S.E./ C.B.S.E. or equivalent			
Intermediate/I.S.C. or equivalent examination			
B.A./ B.Sc./ B.Com. or equivalent examination			
M.A./ M.Sc./ M.Com. or equivalent examination			
B.Ed./M.Ed. (Special Education)			
LL.B. (3 Yrs.) / LL.B. (5 Yrs.)			
LL.M.			
NET			
M.Phil.			
Ph.D. / D.Phil. / LL.D.			
ANY OTHER QUALIFICATIONS			

Research publications (no.)	Ph.D. Guided	Teaching experience (years)	Research experience (years)

Date :

Place :

(Signature of Applicant)

25. LIST OF SELF ATTESTED MARKSHEETS, CERTIFICATES, DEGREES, TESTIMONIALS & OTHER DOCUMENTS (Originals to be produced at the time of the interview)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

Total number of pages attached (in words).....

N.B. : Applications without the above self attested documents will not be entertained. Attach the photocopy of the Application form fee receipt, issued by the College. Two Self Addressed unstamped Envelopes (23 cm x 11 cm) to be enclosed.

DECLARATION

I, son/ daughter of

hereby declare that all statements and entries made in this application are true to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee meeting, my candidature / appointment may be cancelled by the Institution.

Date :

Place :

.....
Signature of the Applicant

.....
* Name as signed (in BLOCK LETTERS)
* Application not signed by the candidate is liable to be rejected

Receipt for Teaching Post on Contractual Basis

Advt. No.: 531/2026

(to be filled by the Applicant)

Post/Subject applied for :

Name of the Applicant

Father's Name.....

FOR OFFICE USE ONLY
(Teaching Post on Contractual Basis)

Date of receiving the Application Form.....

Recipient's Signature

Entered in register at Sl. No.

Receipt for Teaching Post on Contractual Basis

Advt. No.: 531/2026

(to be filled by the Applicant)

Post/Subject applied for :

Name of the Applicant

Father's Name.....

FOR OFFICE USE ONLY
(Teaching Post on Contractual Basis)

Date of receiving the Application Form.....

Recipient's Signature

Entered in register at Sl. No.