



GANGA INSTITUTE OF EDUCATION

(Affiliated to M.D.U. Rohtak & Recognized by NCTE under Section 2(f) of UGC)
20 KM Milestone, Jhajjar-Bahadurgarh Road, Kablana, Distt. Jhajjar, Haryana – 124104
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FACULTY RECRUITMENT APPLICATION FORM (Assistant Professor – B.Ed. / M.Ed.)

A. POST DETAILS

Application No.	_____	Date	_____
Post Applied For	_____	Department	☐ B.Ed. ☐ M.Ed. _____
Subject / Specialization	_____	Employment Type	☐ Regular ☐ Contract _____

B. PERSONAL INFORMATION

Full Name: _____

Father's/Husband's Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Nationality: _____ Religion: _____

Marital Status: _____

Aadhaar No.: _____ PAN No.: _____

Mobile: _____ Alternate Mobile: _____

Email: _____

Present Address: _____

Permanent Address: _____

Affix Your Recent
Passport-Size
Photograph

C. EDUCATIONAL QUALIFICATIONS

Qualification	Year	University	Institution	Subject	Marks	%	Division
10th							
10+2							
Graduation							
B.Ed.							
Post Graduation							
M.Ed.							
M.Phil.							
Ph.D.							
NET/JRF/SLET							
Others: 1							
Others: 2							

D. PROFESSIONAL EXPERIENCE

Designation	Institution	From	To	Experience	Pay	Nature of Duties	Reason for Leaving

E. RESEARCH & ACADEMIC PROFILE

- International Journal Publications: _____
- National Journal Publications: _____
- Books Published: _____
- Book Chapters: _____
- International Conferences: _____
- National Conferences: _____
- Research Projects: _____
- Research Scholars Guided: _____
- FDP / Orientation / Refresher Courses: _____
- Awards / Achievements: _____
- Computer Skills: _____

F. REFERENCES

Reference 1: Name _____ Position _____ Contact _____ Email _____

Reference 2: Name _____ Position _____ Contact _____ Email _____

G. DOCUMENT CHECKLIST

☐CV ☐Passport Photo ☐Aadhaar ☐PAN ☐10th ☐12th ☐Graduation ☐B.Ed. ☐PG ☐M.Ed. ☐
NET/JRF ☐Ph.D. ☐Experience Certificates ☐Publications ☐Category Certificate ☐NOC

H. DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge. If any information is found false, my candidature/appointment shall be liable to cancellation.

Place: _____ Date: _____

Signature of Applicant: _____

I. OFFICE USE ONLY

Application Received	
Eligibility	
Document Verification	
Shortlisted	
Interview Score	
Selection Committee Remarks	
Final Recommendation	