



**HIMACHAL PRADESH NATIONAL LAW UNIVERSITY, SHIMLA
16 MILE, SHIMLA-MANDI NATIONAL HIGHWAY, GHANDAL
DISTRICT SHIMLA, HIMACHAL PRADESH-171014**

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Website: <http://hpnlul.ac.in>

APPLICATION FORM FOR TEACHING/F.O. POSTS

Sr. No. _____ Advt. No. _____

Dairy No. _____ Date _____

Photograph

**PROFESSOR / ASSOCIATE PROFESSOR / ASSISTANT PROFESSOR OF LAW /
SOCIAL SCIENCES/ FINANCE OFFICER**

- (1) NAME OF THE POST APPLIED _____
- (2) NAME OF THE CANDIDATE (IN BLOCKLETTERS) _____
- (3) FATHER'S NAME _____
- (4) MOTHER'S NAME _____
- (5) DATE OF BIRTH _____
- (6) PRESENT POSTAL ADDRESS ALONG WITH
TELEPHONE NO. AND E-MAIL ID _____

PH. _____ MOBILE _____ E-MAIL ID _____

- (7) PERMANENT HOMEADDRESS _____
- _____
- _____
- (8) NATIONALITY _____

- (9) CATEGORY [PLEASE TICK (3) THE APPROPRIATE BOX]
- | | | | |
|------------------------|-----|-----|-----|
| GENERAL | [] | OBC | [] |
| SC | [] | | |
| ST | [] | EWS | [] |
| PERSON WITH DISABILITY | [] | | |

(10) SEX MALE [] FEMALE [] THIRD GENDER []

(11) MARITAL STATUS (A) MARRIED [] UNMARRIED []

(B) IF MARRIED, NAME OF THE SPOUSE.....

(12) EDUCATIONAL QUALIFICATION (PLEASE ATTACH ADDITIONAL PAGES, IF REQUIRED)

| SR. NO. | EXAMINATION PASSED | YEAR AND MONTH OF PASSING | UNIVERSITY / BOARD | MARKS OBTAINED / TOTAL MARKS | DIVISION / PERCENTAGE | CGPA (IF GRADING IS APPLICABLE) | SUBJECTS |
|---------|--|---------------------------|--------------------|------------------------------|-----------------------|---------------------------------|----------|
| (1) | MATRIC / EQUIVALENT | | | | | | |
| (2) | 10+2 / EQUIVALENT | | | | | | |
| (3) | BACHELOR'S DEGREE | | | | | | |
| (4) | B.A.LL.B./LL.B. | | | | | | |
| (5) | M.A./LL.M. | | | | | | |
| (6) | M.PHIL. / EQUIVALENT | | | | | | |
| (7) | Ph.D. | | | | | | |
| (8) | ANY OTHER QUALIFICATION | | | | | | |
| (9) | NATIONAL ELIGIBILITY TEST/SIMILAR TEST ACCREDITED BY UGC | | | | | | |

(13) CHRONOLOGICAL LIST OF THE TEACHING EXPERIENCE (INCLUDING THE CURRENT POSITION / EMPLOYMENT)

| DESIGNATION AND SCALE OF PAY | NAME AND ADDRESS OF THE EMPLOYERS | PERIOD OF EXPERIENCE | | | NATURE OF WORK / DUTIES |
|------------------------------|-----------------------------------|------------------------|----------------------|---|-------------------------|
| | | FROM (DATE OF JOINING) | TO (DATE OF LEAVING) | NO. OF YEARS / MONTHS (AS ON THE DATE OF ADVERTISEMENT) | |
| (A) | (B) | (C) | (D) | (E) | (F) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(14) PERIOD OF TEACHING AND RESEARCH EXPERIENCE

- (I) POST GRADUATE CLASSES _____
- (II) GRADUATE CLASSES _____
- (III) TEACHING EXPERIENCE OF FIVE YEARS LAW DEGREE COURSE _____

(IV) ANY OTHER

TOTAL PERIOD OF TEACHING EXPERIENCE

YEARS _____

MONTHS _____

(15) EXPERIENCE OF SUPERVISING RESEARCH

(I) _____

(II) _____

(III) _____

(16) PUBLISHED PAPERS IN JOURNALS/FULL PAPERS IN CONFERENCE PROCEEDING ONLY

| SR. NO. | TITLE WITH PAGE NO. | JOURNAL/CONFERENCE PROCEEDINGS | ISSN/ISBN NO. | WHETHER REVIEWED FACTOR, IF ANY | PEER IMPACT | WHETHER YOU ARE FIRST/PRINCIPAL OR CORRESPONDING AUTHORS |
|---------|---------------------|--------------------------------|---------------|---------------------------------|-------------|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

(17) BOOKS CHAPTERS IN BOOKS, OTHER THAN REFERRED JOURNAL ARTICLES

| SR. NO. | TITLE | TYPE OF BOOK (TEXT/REFERENCE/EDITED) | ISSN/ISBN NO. AND PUBLISHER | WHETHER REVIEWED | PEER | NO. OF AUTHORS |
|---------|-------|--------------------------------------|-----------------------------|------------------|------|----------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

(18) PAPER PRESENTATION IN CONFERENCE/SEMINARS, ETC. (IF ANY)

| SR. NO. | NAME(S) OF AUTHROR(S) | YEAR | TITLE OF PAPER | NAME OF CONFERENCE/ SEMINAR | ORGANISORS |
|---------|-----------------------|------|----------------|-----------------------------|------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

MINIMUM PAY ACCEPTABLE _____ JOINING TIME

REQUIRED _____

(20) ACADEMIC ACHIEVEMENT AND EXTRA-CURRICULAR ACTIVITIES
[PLEASE ATTACH SEPARATE SHEET]

(21) ANY OTHER INFORMATION / QUALIFICATION RELEVANT TO THE POST APPLIED FOR
(PLEASE ATTACH SEPARATE SHEET(S) IF REQUIRED)

(22) GIVE LIST OF THE SELF ATTESTED COPIES OF THE TESTIMONIALS ATTACHED
(ORIGINALS TO BE PRODUCED AT THE TIME OF THE INTERVIEW)

TAL NUMBER OF THE SELF ATTESTED TESTIMONIALS ATTACHED _____ (IN WORDS) _____.

N.B. APPLICATIONS WITHOUT THE SELF ATTESTED TESTIMONIALS SHALL NOT BE ENTERTAINED.

(23) DECLARATION

I, _____ Son / Daughter of _____ do hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and understanding. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee and/or Executive Council Meetings, my candidature / appointment may be cancelled by the University.

PLACE:

SIGNATURE OF THE APPLICANT

DATE:

(24) ENDORSEMENT BY THE PRESENT EMPLOYER (IF APPLICABLE)

(The endorsement below is to be signed by the Head of the Department / Employer of the Organisation / Institution in the case of an in- service candidate, whether in permanent / contractual or temporary capacity)

The applicant Dr. / Mr. / Mrs. / Ms. _____, who has submitted this application for the post of _____ at Himachal Pradesh National Law University, Shimla is working in this organization namely _____ at the post of _____ in a temporary / contract / permanent capacity with effect from _____ in the Scale of Pay of Rs. He / She is drawing a basic pay of Rs. _____. His / Her next increment is due on _____. It is further certified that no disciplinary / vigilance case has ever been initiated or is pending against the said applicant. We have no objection for his / her application being considered for appointment by the Himachal Pradesh National Law University, Shimla.

(SIGNATURE OF THE COMPETENT OFFICER WITH SEAL)

PLACE:

NAME: _____

DATE:

DESIGNATION: _____