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U. P.V.U. DR. SHAKUNTALA MISRA VISHWAVIDYALAYA (LUCKNOW) UTTAR PRADESH (INDIA)

(For Center for Sign language and Deaf Studies)

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For office use only: Date of receipt of ap	oplication:		recent
(i) POST APPLIED FOR: Specialization, if any:(ii) ADVERTISEMENT No.			Passport size photograph Here
(iii) DETAILS OF FEE PAID: - ` 300/- (CDD: In favour of Finance Officer, Dr. Shake			•
(Name of the Issuing Bank) (Dema	and Draft No.)	(Date)	(Amount)
IMPORTANT: USE ONLY BLOCK LET	TTERS TO FILL THIS PAG	E	
FULL NAME (As recorded in the Matriculation or equivalent certificate)	:		
2. PRESENT POSTAL ADDRESS WITH TELEPHONE/MOBILE No. /E-mail	:		
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WITH TELEPHONE/MOBILE No.	:		
4. FATHER'S NAME (As recorded in the Matriculation or equivalent certificate)	:		
5. MOTHER'S NAME	:		
6. SEX	:		
 7. MARITAL STATUS 8. DATE OF BIRTH (As recorded in the Matriculation or equivalent certificate) 9. PLACE OF BIRTH 	: :		
10. ORIGINALLY RESIDENT OF	:		
11. NATIONALITY	:		
12. WHETHER BELONGS TO	:		
SCHEDULED CASTE/TRIBE/			
OTHER BACKWARD CLASS	:		
13. DISABILITY (PHYSICALLY HANDICAPPED)	:	2	

14.	CANDI	ATE'S	MOTHER	TONGUE

15. WHAT OTHER LANGUAGES (S)
(if any) THE CANDIDATE CAN
SPEAK, READ AND WRITE FLUENTLY:

Language	Speak	Read	Write

16. EDUCATIONAL/PROFESSIONAL QUALIFICATION:

S.No.	EXAMINATION	YEAR OF PASSING	NAME OF THE INSTITUTION	NAME OF THE UNIV./BOARD	DIVISION	SUBJECT (S)	MARKS OBTAINED & %	DISTIN C -TION (if any)
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N.B.: Strike off alternatives, which do not apply in your case.

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

U.G.C. – J.R.F. Examination C.S.I.R. – J.R.F. Examination

NET UGC / CSIR

(Strike off which is not applicable and 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	
journals. Reprints of all papers stated	
here should be enclosed with the	

^{*} In case of Grading (CGPA) System, calculate equivalent percent & fill in the relevant column. Also, enclose conversion formula certified by the concerned academic institution.

appli	ication)		(Please attach separate sheet, if necessary)						
REV	OKS/MONOGRAPHS/ IEWS PUBLISHED ach proof thereof)		:						
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24. LIST (Original (ii) (iii) (iii) (iv) (v) (vi) (vii) Total Nu	FVANT TO THE POST OF SELF ATTESTED Is to be produced at the Imber of above self atte pplications without the rtained.	TESTIMONIAL time of intervie	(viii) (ix) (x) (xii) (xiii) (xiii) (xiv) Is attached ttested testimo	(i nials (applic	n words)	lidate) will not			
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PRECIS (To be filled in duplicate, A and B)

A.

NAME AND SIGNATURE	DATE OF BIRTH	EXAM PASSED	YEAR	PASS%	NET/JRF (YES/NO)	RESEARCH PUBLICATION NS (No.)	TEACHING EXP. (yrs.)	RESEARCH EXP. (yrs.)

B.

NAME AND SIGNATURE	DATE OF BIRTH	EXAM PASSED	YEAR	PASS%	NET/JRF (YES/NO)	RESEARCH PUBLICATION NS (No.)	TEACHING EXP. (yrs.)	RESEARCH EXP. (yrs.)