

MIER COLLEGE OF EDUCATION (AUTONOMOUS)

Recognized by the Govt. of J&K & Permanently Affiliated to the University of Jammu Accredited by the NAAC with grade 'A+'

APPLICATION FORM FOR APPOINTMENT

| Post | со | Latest coloured Photograph | | | | | | | | | |
|------|----------------------------|----------------------------------|--------------------|-------------------------|------------|----------------|--|--|--|--|--|
| 1. | Name (i | n Block Letters) | | | | | | | | | |
| 2. | Father's | Name (in Block Letters) | | | | | | | | | |
| 3. | Date of Birth | | | | | | | | | | |
| 4. | | MaleFemaleTransgender | | | | | | | | | |
| 5. | | | | | | | | | | | |
| | | Mobile NoE-mail address | | | | | | | | | |
| 6. | Perman | ent Address | | | | | | | | | |
| 7. | Address | s for correspondence | | | | · | | | | | |
| 8. | Educational Qualifications | | | | | | | | | | |
| | S.No | Exam. Passed | Year of Passing | Name of the Institution | % of marks | Div./ Grade | | | | | |
| | I. | B.A/B.Sc/B.Com/BBA/BCA | | | | | | | | | |
| | II. | B.Ed. | | | | | | | | | |
| | III. | M.A | | | | | | | | | |
| | IV. | M.Ed. | | | | | | | | | |
| | V. | M. Phil. | | | | | | | | | |
| | VI. | Ph.D.* Any other | | | | | | | | | |
| | * Topic | of Ph.D. Research | | | | | | | | | |
| 9. | Whethe | • | | | | | | | | | |
| J. | | | ltion | 163 | 18 | lo | | | | | |
| 10. | If yes, \ Registr | ation No. RCI | for P Ed (Spl E | Education) | | | | | | | |

For B.Ed. (Spl. Education)

| | Teaching Experience | | | | | | | | | | |
|---|---------------------|--------------|-----------|---------|------------|--------|--|--|--|--|--|
| | School | | College | | University | | | | | | |
| Y | ears Mo | onths | Years | Months | Years | Mont | | | | | |
| | h experience : y | | r | | | | | | | | |
| No. of d | issertations / thes | sis supervis | ed: M.Ed. | M.Phil | l | Ph.D. | | | | | |
| Publications: | | | | | | | | | | | |
| Books Attach list with details Papers published | | | | | | | | | | | |
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| details. Computer Proficiency if yes, give details | | | | | | | | | | | |
| S.No. Name and Designation | | | Address | | | Mobil | | | | | |
| 1. | Name and Des | ignation | | Addiess | | Wickin | | | | | |
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| 2. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |