



शास्त्रीय कन्नड विशिष्ट अध्ययन केन्द्र \* Centre of Excellence for Studies in Classical Kannada

Application Form for the post of the Project Director

01		<b>Candidate's full name</b> (including Surname/Family name in Capital letters)				<b>For Office use only</b> D. No.: Date:				
02		<b>Mailing Address:</b>				Paste your recent passport size photograph here				
		Place:		PIN:						
		E-mail:								
		Phone: Landline with STD code								
		Mobile No.:								
03		<b>Date of birth:</b> (Age as on the last date of Application)		Day	Month	Year	Age in years	Enclose copy of Birth Certificate (or SSC)		
04		<b>Nationality of the Candidate:</b>			05	<b>Gender:</b>		06	<b>Marital status:</b>	
07		<b>Community:</b>		SC	ST	OBC	Minority	PH	General	Note: For PH, which category is to be mentioned. OBC certificate must be in the format of Government of India.
08		<b>Educational Qualifications:</b>								
		Course/ Examination	Board/University & Place		Year	Class	% /marks	Subjects Studied		
		Doctoral Degree Subject	University & Place		Year	Title of the thesis		Brief description about the research work		
09		<b>Teaching/Research Experience:</b>								
		Designation	Institution/University & Place		From	To	Total	Description of work handled		

<b>Pay particulars:</b>						
Designation	Pay Band	AGP	GP	Basic Pay	Total Salary/Pension drawn	
10	<b>Administrative Experience:</b>					
	Designation	Institution/University & Place	From	To	Total	Description of work handled
11	<b>Languages known (Mother Tongue to be underlined):</b>					
		Language	Speak	Read	Write	Level of proficiency to be mentioned
	1					
	2					
	3					
	4					
12	<b>Awards/honours/other achievements, if any?:</b>					
	Title	Institution/University & Place	Year	Type	Description	
	1					
	2					
	3					
	4					
	5					
13	<b>Publications (List here best ones):</b>					
		Title	Year	Place	Publisher	Brief description about the work
	1					
	2					
	3					
	4					
	5					
14	<b>Papers (List here best ones):</b>					
		Title	Year	Journal/Publisher	Brief description about the paper	
	1					
	2					
	3					
	4					
	5					
15	<b>Membership in any Academic bodies and responsibilities held, if any?</b>					
		Name of the body	Period	Type	Position	Description
	1					
	2					
	3					
	4					
	5					
16	<b>Any other relevant information:</b>					

17	<b>Names of 3 Referees:</b>			
		Referee - 1	Referee - 2	Referee - 3
	Name:			
	Designation:			
	Address:			
	Place & PIN:			
	E-mail:			
	Phone No.:			
	Cell No.			
Fax No.				

**NOTE:** Along with this application form, please attach CV, relevant copies of certificates, testimonials, publications, papers, etc.

18	<b>Declaration:</b>		
	I hereby declare that all the information (entries made) given by me in this application form are true to the best of my knowledge and belief. I understand that if anything is found false at any stage, my candidature may be cancelled without assigning any reason thereof.		
	Date:		Signature of the applicant:

19	<b>Endorsement by the Employer (for in-service candidates only):</b>	
	(The endorsement below is to be signed and forwarded by the Head of the Department/Employer of the Orgnization/Institution in case of in-service candidate whether in permanent or temporary capacity)	
	<b>Forwarded to the Director, Central Institute of Indian Languages, Manasagangotri, Hunsur Road, Mysore 570 006, Karnataka, India:</b>	
	The applicant Dr./Mr./Mrs./Ms. _____ who has submitted the application for the post of Project Director, Centre of Excellence for Studies in Classical Kannada in the Central Institute of Indian Languages, Mysore has been working in this organization, namely, _____ in the post of _____ in a temporary/permanent capacity with effect from _____ in the Scale of Pay/Pay Band of Rs. _____. He/She is drawing a Basic Pay of Rs. _____. Further, it is certified that no disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/her application being considered by the Central Institute of Indian Languages, Mysore.	
	Signature of the forwarding Officer:	
	Name:	
	Designation:	
	Name of the Organization:	
	Place:	
	Date:	
Office Seal:		

Check list		
<i>Enclosures</i>	<i>No of pages</i>	✓
1. Covering letter		
3. Curriculum Vitae		
4. Copies of Certificates		
5. Testimonials		
6. Papers		
7. Publications		