



ગુજરાત કેન્દ્રીય વિશ્વવિદ્યાલય  
CENTRAL UNIVERSITY OF GUJARAT

ગુજરાત કેન્દ્રીય વિશ્વવિદ્યાલય  
**CENTRAL UNIVERSITY OF GUJARAT**  
(Established by an Act of Parliament of India, No 25 of 2009)  
**Sector - 29, Gandhinagar - 382 030,**  
**Ph. No.079 23977407, Fax: 079 23260076**  
e-mail: [registrar@cug.ac.in](mailto:registrar@cug.ac.in), website: [www.cug.ac.in](http://www.cug.ac.in)

**Photograph  
of Candidate**

### Application form for Guest Faculty

Post applied for: **Guest Faculty**

Centre: **Centre for Health, Culture and Personality Development (CHCPD)**

Name of Candidate (Full in Capital)		
Date of Birth (DD/MM/YYYY)	____ / ____ / ____	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> Transgender <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/> Divorcee <input type="checkbox"/> Other <input type="checkbox"/>
Communication Address		
Mobile No.		
Email		
Category	General <input type="checkbox"/>	OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Other <input type="checkbox"/>
Nationality		
<b>Qualifications:</b>	<b>Particulars</b>	<b>Office Use Only</b>
UG	_____ marks obtained out of _____, ( ____ %)	
PG	_____ marks obtained out of _____, ( ____ %)	
M.Phil.	_____ % _____ Year	
Ph.D.	Title:  _____ Year (degree awarded)	
NET / JRF	Months _____ Year _____ Subject:	
SLET / SET	Months _____ Year _____ Subject:	

Research Publications	_____ Total Nos. (Research publications published in Peer-Reviewed or UGC-listed Journals) (copy enclosed)	
Teaching / Post Doctoral Experience	_____ Year(s) _____ Month(s) (copy enclosed)	
Awards i. International / National Level  ii. State-Level	_____ Year(s) _____ Month(s) (Awards given by International Organisations/ Government of India / Government of India recognised National Level Bodies)  _____ Year(s) _____ Month(s) (Awards given by State Government)	
<b>Admissible Total Scores (for office use only)</b>		

I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature is liable to be cancelled/ my appointment is liable to be terminated.

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of the Candidate**