



# CENTRAL UNIVERSITY OF PUNJAB

*Main Campus, Village Ghudda  
Bathinda-151401 (Punjab) India*

Website: [www.cup.ac.in](http://www.cup.ac.in)

Application form for post of Field Investigator for the ICSSR, New Delhi, sponsored Project entitled, "**Performance of Regulated APMCs in Haryana under New Agricultural Marketing Reforms (e-NAM) Regime**".

Paste your recent photograph here

Advt. No. Pro- 139 (2021)

Reg. No. \_\_\_\_\_ (to be filled by the Office)

### Personal details

1.	<b>Name</b> <i>(in Capital Letters)</i>	First Name			Middle Name		Surname		
2.	<b>Date of birth</b>	Day	Month	Year	Age as on date of advertisement		Years	Months	
3.	<b>Place of birth</b>	City/ Village			State		Country		
4.	<b>Father's name</b>								
5.	<b>Mother's name</b>								
6.	<b>Nationality</b>					<b>7. Gender:</b>			
8.	<b>Marital status</b>								
9.	<b>Community/Category</b> <i>(delete those not applicable)</i>								
10.	<b>If physically disabled, indicate the relevant particulars</b>	<b>If applicable, Write 'yes'</b>			<b>Percentage of disability</b>		<b>S.No. of proof enclosed</b>		
<b>a. Blindness or low vision :</b>									
<b>b. Hearing impairment</b>									
<b>c. Locomotor disability or cerebral palsy</b> <i>(includes all cases of Orthopedically handicapped)</i>									

### 11. Educational qualifications (Attach additional pages, if required)

	Name of the course	Name of the Board / University	Month & Year passed	Division	% of Marks	CGPA (if grading is applicable)	Subjects studied	S. No. of proof enclosed
	10 <sup>th</sup> Class / equivalent							
	10+2 /equivalent							
	Bachelor's degree							
	Master's degree							
	M.Phil. / equivalent							
	NET/SLET for lectureship, if any	<b>Subject</b>		<b>Roll No</b>		<b>Year</b>	<b>Position</b>	
	Any other exam passed							

12. Publications, if any (Mention here only numbers. The details and copies of the reprints be appended)						
S No	Authors	Title of the Paper	Journal's Name & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor

13. Seminars/ Conferences/ Workshops/ Training programmes, attended.	National (No.)	International (No.)	Total (No.)	S.No. of proof enclosed

14. Candidate's Name & Address for correspondence :			
Mailing address		Permanent address	
Name :-			
Complete Address with pin code			
Email:	Phone No. (Landline with STD code)	Mobile No.	Fax No.

**15. List of self-attested testimonials attached (original to be produced at the time of interview). Please tick ✓ the ones applicable**

- |   |                          |
|---|--------------------------|
| i. Matriculation mark sheet / certificate                                 | <input type="checkbox"/> |
| ii. Intermediate mark sheet / certificate                                 | <input type="checkbox"/> |
| iii. B.Sc.(Final) mark sheet/ degree                                      | <input type="checkbox"/> |
| iv. M.Sc.(Final) mark sheet/ degree                                       | <input type="checkbox"/> |
| v. M.Phil. degree   | <input type="checkbox"/> |
| vi. NET, UGC-JRF, CSIR-JRF Award Certificate                              | <input type="checkbox"/> |
| vii. Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc.) | <input type="checkbox"/> |
| viii. Experience certificates   | <input type="checkbox"/> |
| ix. Award (s) /Fellowship (s)   | <input type="checkbox"/> |
| x. Publication (s)  | <input type="checkbox"/> |
| xi. Other (s)   | <input type="checkbox"/> |

Total Number of above self-attested testimonials attached \_\_\_\_\_ (in words \_\_\_\_\_)

N.B. Applications without the above self-attested testimonials will not be entertained.

16. Declaration
<p>I, _____ son/daughter of _____ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature / appointment may be cancelled by the University.</p> <p style="text-align: right;">Signature of the applicant</p> <p style="text-align: right;">*Name as signed (in BLOCK LETTERS)*Application not signed by the candidate is liable to be rejected.</p> <p>Date : _____</p>



# CENTRAL UNIVERSITY OF PUNJAB

*Established vide Act No. 25 (2009) of Parliament*

## - Application Summary-

Paste your recent passport size Photograph here

A. Educational qualifications	Name of the course	Name of the Board/ University	Month & Year Passed/Award	Division	% of Marks	CGPA (if applicable)
1. Bachelor's degree						
2. Master's degree						
3. Ph.D. with course work/Ph.D. with M.Phil/Ph.D. with M.Tech/Ph.D. with Pharm/Ph.D with NET or Equivalent						
4. UGC/CSIR/ICAR/GPAT/GATE/ICMR/Equivalent at national level						
a. NET/SLET						
b. NET-JRF/Equivalent						
5. Medals						
a. State Level						
b. National Level						
6. Publications	Published[ISBN / ISSN] (Nos.)	Accepted /In Print(Nos.)	Communicated			
Paper International Journal Indexed in Thomson Reutor						
Paper/Book Chapter National Journal indexed & peer reviewed						
Books published						
Other publications						
6. Seminars/ Conferences/ Workshops/ Training programmes, organized etc.	In India (No.)	Abroad (No.)	Total (No.)			
8. Peer recognition (Fellowship of National/international organizations, editor of national/International journals/ Significant contribution in work place developmental Activities						

Signature of the applicant