

VASANTA COLLEGE FOR WOMEN

Admitted to the Privileges of Banaras Hindu University Krishnamurti Foundation India, Rajghat Fort, Varanasi Accredited with Grade A+ by NAAC



APPLICATION FORM ICSSR FUNDED RESEARCH PROGRAMME

On

"काशी की मृत्तिकाकला :अतीत, वर्तमान एवं भविष्य"

Post	applied for										
(For office use only) Registration Number No. of Enclosures Claimed Attached (Signature)								p pho and pho	assport otograph sign acr oto so that of signat uld be or	size her oss t at pa ure	re ihe art
1	Name (In Capital Letters)						1				
2	Date of birth	Day	Month	<u> </u>	Year		on last date of	Ye	ears		Months
3	Place of birth	City/V	illage			State	g of the Application	Countr	ry		
4	Father's Name										
5	Mother's Name										
6	Nationality										
7	Gender	Male/	Female/Trans	sgen	der						
8	8 Community/ Category (Please strike out whichever options are not applicable) SC/ST/OBC/O S. No. of proo			BC/C proo	Other car f enclos	tegories ¿ ed	give details				
9	Marital status (Please strike out whichever options are not applicable) Married / Unmark Name of spouse										
10	If differently abled, indicate the relevant particulars				Y	es/ No	Percentage disability				f proof of osure
a. Blindness or low vision:											
b. Hearing impairment											
c. Locomotor disability or cerebral palsy (includes all cases of Orthopaedically handicapped)											
11. Address for correspondence (a) Mailing address			_ (b) P	ermanen	t address						
(c) E-mail (d) Mobile/Telephone											

12. Education	nal Qualifica	tions (Attach	additional pa	iges, i	f required)			
	Name of course	Name of the Board/ University	Year passed	Di visi on	CGPA (if grading is applicable)	% of Marks (pl. indicate equivalent to CGPA also)	Subjects studied	S. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary equivalent								
Bachelor's degree								
Master's degree								
NET								
M.Phil. /Ph.D.								
Any Other								

Designation	Scale of pay & present Basic & AGP	Name & address of employers	Perio	od of Experi	Nature of	S. No. of	
C			From date	To date	No. of years/ months	work/ duties	proof of enclosure
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

^{* (}Add separate sheet if required, to be annexed at relevant S. No.)

14. Details of Computer Course	S. No. of proof of			
Name of the Course	Name of the Institution Duration		enclosure	

List of self-attested testimonials attached (original to be produced at the time of interview)

S. No.	Check List	S. No. of enclosure	No. of sheets
i.	10th Class / equivalent mark sheet/ certificate		
ii.	10+2/Higher Secondary equivalent mark sheet / certificate		
iii.	Bachelor's degree mark sheet/ certificate		
iv.	Master's degree mark sheet/ certificate		
v.	NET		
vi.	M.Phil. /Ph.D.		
vii.	Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc)		
viii.	Experience certificates		
ix.	No Objection Certificate		
X.	Disability Certificate issued by competent Authority		
xi	Any Other		

Total	number of sheets enclosed	_(please give sequential number to each sheet and signature with date)
16.	Have you been reprimanded ever	Yes/No
	Give detail if ves	

^{* (}Add separate sheet if required, to be annexed at relevant S. No.)

17. Any other information/ qualification relevant to the post applied for:	
10 P. 1	
18. Declaration	
I,son/ daughter ofhereby declare that	t all
the statements and entries made in this application are true, complete and correct to the best of my knowle	dge
and belief. In the event of any information found false or incorrect or ineligibility being detected before or a	ıfter
the Selection Committee and Management meetings, my candidature/ appointment may be cancelled by	the
College.	
I have never been convicted or contemplated for any unlawful activity.	
Signature of the Applica	ınt*
Date:*Application not signed by the candidate is liable to be rejected	