## **Application Form for Teaching Positions**

1 (A). Post	Applied for:					Photo
Subj	ect/ Programme:					
1(B). Full N	Name (In Capital Lett	ers)				
Date	of Birth			Gender		
Fathe	er's Name					
Name	e of the Guardian					
Prim	ary Contact Number					
Alter	nate Contact Number					
Aadh	ar No.					
2. (A) Address of the Correspondence		(B) Permanent Address				
Line 1			Line 1			
Line 2			Line 2			
District			District			

## 3. Details of Educational Qualifications (Starting from Matric):

State

PIN

Email ID

Examination passed	University/Institution/ Board	Year of passing	Discipline/Subjects	Division/Grade	% of Marks	Distinction if any

State

PIN

Designation/	Institute/	From	To	Total	Duties	Scale of
Post	Organization	(Date)	(Date)	Experience	performed	Pay
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P.G. Teaching	Experience (w	here appl	icable):			
Designation/	Institute/	From	То	Total	Duties	Scale of
Post	Organization	(Date)	(Date)	Experience	performed	Pay
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Special Traini	ng, if any:					
Documents in	support of Edu		Qualificat	tions, Experie	nce, and Trai	ining:
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Date of supera  Date:  Name of the I	annuation and i	institute 1	from whic			ining:
Date of supera  Date:  Name of the I	annuation and i	institute 1	from whic			ining:

Pay Scale

Last salary drawn

Grade Pay

11. Any other information:
12. Your Strength (in 300 words):
13. Your Weakness (in 300 words):
<u> </u>
14. <u>Declaration</u>
I Sri/Smt do hereby declare that the information furnished above are true and complete to the best of my knowledge and belief. In case any of the information furnished by me is found to be false or misleading, I am liable to any such action as the University may feel deem fit.
Signature:
Date:
15. <u>Undertaking</u>
I hereby undertake that if selected I shall abide by the rules of Odisha State Open University with regard to remuneration and posting. I also undertake to carry out all such other duties and task as will be assigned to me by the authority from time to time. I will maintain official secrecy and will not indulge myself in any unlawful activities. I will not leave the Headquarter without prior permission. I will not remain absent unauthorizedly.
Signature: Date: