

महात्मा गांधी अंतरराष्ट्रीय हिंदी विश्वविद्यालय

Mahatma Gandhi Antarrashtriya Hindi Vishwavidyalaya (संसद द्वारा पारित अधिनियम 1997, क्रमांक 3 के अंतर्गत स्थापित केंद्रीय विश्वविद्यालय)

(A Central University established by Parliament by Act No. 3 of 1997)

नैक द्वारा 'A' ग्रेड प्रदत्त

Accredited with 'A' Grade by NAAC

'परियोजन में कार्य करने हेत आवेदन पत्र'

'भारतीय ज्ञान परम्परा में सर्वज्ञ श्रीचक्रधर स्वामी का दार्शनिक, साहित्यिक एवं सामाजिक अवदान' (संदर्भ : रोज़गार सचना क्र. : म.गां.अं.हिं.वि/स्था एवं प्रशा/15/2025, दिनांक 25.09.2025)

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| | विज्ञापित पद का नाम | न शि | गेध अनुषंगी (F | Research | Associate) | (01 ਯ | ाद) | |
| | आवेदित पद का नाम | | | | | | | |
| 1. | Full Name (In Block L | _etters): | | | | (हिंदी में) | | |
| 2. | Father's/Husband's N | · | | | | | | |
| 3. | Date of Birth: | | | | | _ | | |
| 4. | Age (as on the last da | ate of the su | ıbmission of | form) | Years | Months | _ days | |
| 5. | Nationality : | | Religion _ | | | | | |
| 6. | Sex : Male/Female/To | G | | | | | P | Affix recent assport Size |
| 7. | Marital Status : | | | | | | | otograph with Signature |
| 8. | Category : Gen/ SC/S | ST/OBC /EV | VS/PwD | | | | | |
| 9. | Address for correspond | ndence (wit | h PIN code) | = | | | | |
| | | | | | | | | |
| | | | | | Mob | | | |
| | Tel. No.(with STD co | de): | E-M | ail: | | | | |
| 10. | Permanent Address | : | | | | | | |
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| | | | | | Mob | | | |
| | Tel. No.(with STD co | de): | E-M | ail: | | | | |
| 11. | Academic Qualifica | ations (atta | ached attes | sted cop | ies): | | | |
| | Examination Passed | Year of Passing | Board/ University | % of Marks | Division/ Grade | Subjec | t | Specialization/ Distinction |
| | | | | | | | | |

| 2. Roll No. 3. Date of Issue of Certificate 4. Subject In case of Ph.D.: (1)Yes | | If Yes, | 1. | l | ate the UGC rence No. | | | | | |
|--|--------------------------|--|-------------|---|--------------------------|---------------------|-----------|-----------------------------------|--|---|
| Certificate 4. Subject | | | 2. | | - | | | | | |
| A. Subject Companies of Ph.D.: Compani | | | 3. | l . | | | | | | |
| If Yes, 2. Name of Institution 3. Date of Award 4. Subject Details of Experience: Total Period of Experience (Please enclose relevant certificate, if any): Name of the Organization Post held with salary, if any From To Remark Language Known SI. No. Name Reading Writing Speaking | | | 4. | | | | | | | |
| Yes, 2. Name of Institution 3. Date of Award 4. Subject Details of Experience: Total Period of Experience (Please enclose relevant certificate, if any): Name of the Organization Post held with Salary, if any From To Remark From To S. Language Known SI. No. Name Reading Writing Speaking | In c | ase of | Ph.[| D. : | | | (1)Ye | es | (2) NO_ | |
| 2. Name of Institution 3. Date of Award 4. Subject Details of Experience: Total Period of Experience (Please enclose relevant certificate, if any): Name of the Organization Post held with Salary, if any From To Remark Language Known SI. No. Name Reading Writing Speaking | | | 1. | Title | | | | | | |
| Details of Experience: Total Period of Experience (Please enclose relevant certificate, if any): Name of the Organization | | 165, | 2. | Name | e of Institution | | | | | |
| Details of Experience: Total Period of Experience (Please enclose relevant certificate, if any): Name of the Organization | | | 3. | Date | of Award | | | | | |
| Total Period of Experience (Please enclose relevant certificate, if any): Name of the Organization | | | 4. | Subje | ect | | | | | |
| Organization Salary, if any From To | | | | | | enclose | e relevar | nt certificate, i | f any): | |
| Salary, From To From To Salary, From To Si. Language Known Si. No. Name Reading Writing Speaking | | | | | | | | Period of | Service | Remarks |
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| Additional Information (If any) | _ | - | Know | | ame | Rea | ading | Writing | Speaking | |
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| | SI | I. No. | | Na | | | - | | | |
| | SI | I. No. | | Na ormati | ion (If any): – | | | | | |
| | SI | I. No. | | Na ormati | ion (If any): – | | | | | |
| | SI SI | l. No. | l Infe | Na ormati | ion (If any): – | | | | | |
| | . Add | litiona | I Info | ormati | ion (lf any) : – | | | | | |
| Declaration: This to certify that the information given in the application form are true and correct to the best of my knowledge. No information has been hidden. If any information found to be false/incorrect, in future, | . Add | ditional | I Info | ormati hat the | ion (If any): - | ven in the | he applio | cation form are | e true and correct | t to the best of my |
| Declaration : This to certify that the information given in the application form are true and correct to the best of my | . Add | ditional | I Info | ormati hat the | ion (If any): - | ven in the | he applio | cation form are | e true and correct | t to the best of my |
| 7. Declaration: This to certify that the information given in the application form are true and correct to the best of my knowledge. No information has been hidden. If any information found to be false/incorrect, in future, | . Add This knowny | ditional distribution of the control | I Info | ormation that the orinform e for the | ion (If any): - | ven in tl hidder | he applic | cation form are information fo | e true and correct und to be false/ in hdrawn. | t to the best of my |
| This to certify that the information given in the application form are true and correct to the best of my knowledge. No information has been hidden. If any information found to be false/incorrect, in future, my candidature for the above post shall be treated as cancelled/withdrawn. | . Add This knowny . Deta | ditional distribution of the control | I Info | ormation the information of the contraction of the | ion (If any): - | ven in tl hidder | he applic | cation form are information fo | e true and correct und to be false/ in hdrawn. | t to the best of my ncorrect, in future, |

(1)Yes_____ (2) NO_____

12. Whether qualified NET and / or JRF: