

202 07-03-2024

कार्यालय प्राचार्य, जी.एच.एस. राजकीय महाविद्यालय, सुजानगढ़ जिला-चूरू (राजस्थान)

क्रमांकःएफ.1()स्था/रामस्/2023-24/1808-1811

दिनांकः 06 मार्च, 2024

विज्ञप्ति

आयुक्तालय कॉलेज शिक्षा राजस्थान, जयपुर के पत्रांक एफ1 (02) वि.सं./आकाशि/गे.फै./दिशा निर्देश/21-00638/16 दिनांक 06.03.2024, परिपत्र दिनांक 12.08.2023 एवं वित्त विभाग के परिपत्र क्रमांक प.6(2)वित्त/साविलेनि/2021 दिनांक 07.08.2023 की अनुपालना में राज्य सरकार द्वारा घोषित ''विद्या संबल योजना'' के अन्तर्गत सत्र 2023-24 की द्वितीय सेमेस्टर परीक्षा प्रारम्भ होने अथवा द्वितीय सेमेस्टर का पाट्यक्रम पूर्ण होने तक, जो भी पहले हो (अधिकतम 14 सामाहिक घण्टे अनुसार) 800/- रूपये प्रति कालांश मानदेय के आधार पर गेस्ट फैकल्टी (पूर्णतया अस्वाई) के रूप में निम्नांकित राजसेस अधीन महाविद्यालयों में उनके नाम के सामने ऑकत विषयों में अध्यापन कार्य कराने हेतु आवेदन पत्र दिनांक 11.03.2024 को सार्य 5.00 बजे तक आमंत्रित है। इसके पश्चात् प्राप्त आवेदन पत्रों पर विचार नहीं किया जायेगा।

क्र.सं.	राजसेस अधीन महाविद्यालय का नाम	संकाय	विषय का नाम
	मास्टर भंवरलाल मेघवाल राजकीय कन्या महाविद्यालय, सुजानगढ़	कला	हिन्दी साहित्य, अंग्रेजी साहित्य, राजनीति विज्ञान, भूगोल, इतिहास, समाजपास्त्र, गृह विज्ञान
2.	राजकीय कन्या महाविद्यालय, साण्डवा (बीदासर)	कला	हिन्दी साहित्य, अंग्रेजी साहित्य, राजनीति विज्ञान, भूगोल, इतिहास, समाजशास्त्र, लोक प्रशासन

नोट : दोनों महाविद्यालयों हेतु आवेदन करने वाले आवेदक अपना आवेदन अलग-अलग लिफाफे में जमा करवायेंगें।

प्राचार्य

साथ ही आवेदक अपने आवेदन का विवरण गूगल फार्म लिंक **जी.एच.एस. राजकीय महाविद्यालय,** https://forms.gle/UtDJyc3rGh8YQwEx7 के द्वारा भी **सुजानगढ़**

अनिवार्य रूप से सबमिट करें

पदेन नोडल अधिकारी

एम.बी.एम.राजकीय कन्या महाविद्यालय, सुजानगढ राजकीय कन्या महाविद्यालय, साण्डवा (बीदासर)

"VIDYA SAMBAL YOJANA"

APPLICATION FORM FOR ASSISTANT PROFESSOR

Post Applied For: Department: Date of Submission:		Affix a recent passport size photograph here
1. Name in full (In Block Letters):	Dr./Mr./Mrs/Ms	
2. Date of Birth (DD/MM/YYYY):	<u></u>	
3. Father's Name:		
4. Mailing Address:	2	
	Pin Code	
	Tel. No (with STD code)Mobile	
	E-mail ID:	.
5. Permanent Address	Pin Code	
6. Marital Status:		
7. Nationality:	V	
8. State of Domicile:	-	
9. Religion:	5	·
10. Whether qualified UGC NET/SL (If yes, indicate the year, and attach	ET Yes No a photocopy of NET/SLET/SET certificate)	
11. Whether Ph.D. awarded: (If Yes, indicate the year of award: 12. Title of Ph.D. thesis awarded:		

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Examination/ Degree	Board/ University/ Organization	Subjects/ Specialization	Year of Passing	Division/ Marks in %
High School/ Secondary				
Higher Sec./Sr.Sec/ Intermediate				
Bachelor's degree				
Master's degree	,			
M.Phil.				
Ph.D. degree				
Post Doctorate				1

14. Details of Employment Experience: (Attach separate sheet if necessary)

S.No	(Govt./Quasi	Post held/ Designation	Period of Employment		Basic salary last drawn, pay scale and Grade Pay	Nature of duties
	Govt./Autonomous etc.)		From	То	*	
				= 1		

15. Co-curricular, extension and professional development related activities

 Student related co-curricular, extension and field based activities (such as extension work through NSS/NCC and other channels, cultural activities, subject related events, advisement and counseling).

SI No.	Description

SI No.	Description					
	Professional develor training courses, talketc.)	pment activities (s ks, lectures, memb	uch as participation pership of association	in seminars, ons, dissemina	conference ation and ge	s, short term, neral articles,
SI No.	Description					
16. R	esearch Publications (a) Books- Self author	ed/co-authored/e	edited(Please attac	n separate sh	eet, if neces	sary)
SI. No.	Title of the Book (s)	Whether Sole Author or Co-author	Name of Publisher (with city/ country)	Month& year of publication	Refereed or Non- refereed	ISBN/ ISSN No.
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2) Contribution to corporate life and management of the department and institution through participation in academic and administrative committees and responsibilities.

(b) Chapters contributed in edited books (Please attach separate sheet, if necessary)

SI.No.	Title of Chapter (s)	Title of the Book(s)	Whether Sole Author/ Co- author	Name of Publisher (with city/ country)	Month & year of Publication	ISBN/ ISSN No.
-					1	
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(c) Research Articles/Papers published in Journals /Periodicals /Conference

proceedings/Newspapers (Please attach separate sheet, if necessary)

SI.No.	Title of research article / paper(s)	Name of journal (with city/ country)	Whether Sole Author/ Co- author		Whether Refereed/ non- refereed	ISBN/ ISSN No.	Level (Int./ Nat./ State/ Local)	Impact Factor
	,							
				4				

17. Research Projects Undertaken (other than that for a research degree)

(Please attach separate sheet, if necessary)

SI.No	Title/Subject of Research Project(s)	Whether major or minor project	Date of Commencement	Date of Completion	Total Grants / Funding received (Rs.)	Name of Sponsoring/ Funding Agency	Whether Outcome / Outputs sent to Sponsoring Govt. Agency	Whether final report published as monograph book
		4					3	

SI.No	(Please attach separate Title/Subject of paper presented	Subject of Conference Seminar Symposium Workshop	Institution/ Name of	and City/	Duration From_	on to	pro	ether the ceedings blished Yes/No
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	Lecture/Special Lecture a separate sheet if necess		epute within	the co	ountry	and outsi	de. (Please
	a separate sheet if neces	ssary)	Pepute within Name and Institution	the co		and outsi Date Lecture	de. (
	a separate sheet if neces	ssary)	Name and			Date		
attach	a separate sheet if neces	ssary)	Name and			Date		
attach	a separate sheet if neces	ssary)	Name and			Date		

Refresher Course, Methodology, Workshops, Training, Faculty Development Programs, etc. attended. (Please attach separate sheet, if necessary)

Name of Course attended Sponsoring Institution Duration

From__to__

18.

SI.No.

21. List of Enclosures:										
	of Mark-sheets & certificat ET/SLET/SET etc.	e of educational Qualification	on & certificate of							
(c) List of p	(b) Copies of certificate of Teaching & Research experience. (c) List of publications with details, reprints of papers published and acceptance letters (in case accepted papers/articles etc.)									
(d) Copies	of other relevant certificate	& documents								
22. Name and contact de	etails of two referees									
Name	Profession/Position	Institutional Affiliation	Address and Contact							
23. Declaration										
I certify that the above information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time it is found that any information is false concealed / distorted then, my appointment shall be liable to summarily termination without any notice / compensation & criminal case may be initiated against me under the relevant provision of Indian Penal Code and other laws as applicable.										
Place:		Signa	ature of Candidate							