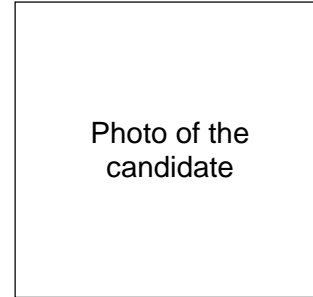


OSMANIA UNIVERSITY
APPLICATION FORM FOR APPOINTMENT TO THE POST OF DIRECTOR,
EDUCATIONAL MULTIMEDIA RESEARCH CENTRE

Demand Draft of Rs.2000/- as Registration fee in favour of the "Registrar, Osmania University"

| Demand Draft Particulars | | | |
|---------------------------|-----------|------|--------|
| Name of the Bank & Branch | DD Number | Date | Amount |
| | | | |



Note: Application without Demand Draft will not be considered

The entries below should be in the Candidate's own handwriting.

GENERAL INFORMATION

1. Name in full (Block Letters) : 1. _____
2. Father's name : 2. _____
3. Date of Birth : 3. _____
4. Age as on last date for receiving Application : 4. _____
5. Place of Birth : 5. _____
6. Nationality : 6. _____
7. Gender : 7. _____
8. Permanent Address : 8. _____

 PIN CODE _____
9. Mobile No. : 9. _____
10. E-mail. : 10. _____
11. Alternate Mobile No. : 11. _____
12. A) Social Status : 12. (A) _____

| OC | SC | ST | Backward Class | | | | | PH |
|----|----|----|----------------|---|---|---|---|----|
| | | | A | B | C | D | E | |
| | | | | | | | | |

- B) Mention the group and Sub-Caste (with serial No. if applicable) : 12 (B) _____

13. Educational Qualifications (From Matriculation onwards)

| Exam Passed | Board / University | Year of passing | Class / Division / Merit | Marks | | % of Marks | Subjects offered and passed | Place of Study |
|--|--------------------|-----------------|--------------------------|----------|--------|------------|-----------------------------|----------------|
| | | | | Obtained | Out of | | | |
| Matriculation 10 th | | | | | | | | |
| Higher Secondary /Intermediate (10 +2) | | | | | | | | |
| Bachelor's degree (Give name) | | | | | | | | |
| Master's degree (Give name) | | | | | | | | |
| M.Phil. | | | | | | | | |
| Ph.D. | | | | | | | | |
| Any other degree/ Diploma (Give name) | | | | | | | | |

Strike off whichever is not applicable

14. POST-DOCTORAL RESEARCH EXPERIENCE

(After obtaining Ph.D. Degree)

| Position held | Emoluments (Per month) | Name of the University / Institution | Period of work | | No. of years | Encl. No. |
|---------------|------------------------|--------------------------------------|----------------|----|--------------|-----------|
| | | | From | To | | |
| | | | | | | |

The Period of post-doctoral research experience.....years..... months.

15. TEACHING EXPERIENCE:

| Designation | Scale of Pay | Name of the University/ Institution Organization | Period of Service | | No. of Years | Classes taught / Nature of work | Encl. No. |
|-------------|--------------|--|-------------------|----|--------------|---------------------------------|-----------|
| | | | From | To | | | |
| | | | | | | | |

Total period of teaching experience Total period of experience.....

i) Undergraduate (U.G) classes B.A., B.Sc., etc.....years months

Post-graduate (P.G) classes M.A., M.Sc., M.Phil., etc.....years..... months

16. MEDIA OR MASS EXPERIENCE / E-CONTENT (Enclose evidence of each)

(Give a list separately)

a) Television Program Development as Producer / Director / Engineer / Researcher

| Sl.No. | Year | Particulars |
|--------|------|-------------|
| | | |
| | | |

b) Video evidence of production of Documentary, Educational Video, 4 quadrant e-content, video lectures, instructional video, etc. (Minimum 3 clips of 5 minutes each). (Give a list separately)

| Sl.No. | Year | Particulars |
|--------|------|-------------|
| | | |
| | | |

17. RESEARCH GUIDANCE

| Number of Candidates | Awarded | Under Supervision |
|----------------------|---------|-------------------|
| M.Phil. : | | |
| Ph.D : | | |

18. PUBLICATIONS (Give a list separately)

Encl. No.....

| | | Published | Accepted/in print | Communicated |
|-----|-----------------------|-----------|-------------------|--------------|
| i) | Books | | | |
| ii) | Research Publications | | | |

19. RESEARCH PROJECTS CARRIED OUT:

(Give a list separately)

Encl. No. _____

| Sl. No. | Title of the Project | Name of the Funding Agency | Duration | | Amount |
|---------|----------------------|----------------------------|----------|----|--------|
| | | | From | To | |
| | | | | | |

20. SEMINARS, CONFERENCES, REFRESHER COURSES, ETC. ATTENDED

(Give a list separately)

Encl. No. _____

| Sl. No. | Name of the Seminar Symposia/Conference etc. | Name of the Organizer | Duration | | Nature of Participation |
|---------|--|-----------------------|----------|----|-------------------------|
| | | | From | To | |
| | | | | | |

21. DETAILS OF VISITS ABROAD

(Give a list separately)

| Sl. No. | Countries' Name | Purpose of visit | Duration of Visit | | Period |
|---------|-----------------|------------------|-------------------|----|--------|
| | | | From | To | |
| | | | | | |

22. LANGUAGES KNOWN

i) Speak ii) Write iii) Read

23. MEMBERSHIP OF PROFESSIONAL BODIES, SOCIETIES,ETC. (Give a list separately)

24. ACADEMIC DISTINCTIONS (AWARDS/HONOURS,ETC) (Give a list separately)

25. PARTICIPATION IN EXTENSION WORK/COMMUNITY SERVICE/CORPORATE LIFE
(Give a short account of your contribution to community work, National Literacy Mission, etc)
(Give a list separately)

26. REFERENCES:

Persons residing in India holding responsible positions; they should be intimately acquainted with the applicant's conduct and character, but must not be relatives.

- 1. Name
Occupation
Address
Phone Number

- 2. Name
Occupation
Address &
Phone Number

- 3. Name
Occupation
Address
Phone Number

DECLARATION TO BE SIGNED BY THE CANDIDATE

State whether you have been at any time [Please tick **YES or NO**]

(a) dismissed, removed or debarred from Service YES NO

(b) convicted by Criminal Court YES NO

(c) a criminal case or an FIR filed against the you in any police station. YES NO

I declare that all entries made in this application are true, correct and complete to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete, misleading, suppressed or incorrect, my candidature/ appointment is liable to be cancelled/ terminated.

Signature of Applicant

Date.....

e-mail address.....

Phone Number.....

(FOR GOVERNMENT SERVANTS ONLY)
UNIVERSITY

No.....

Date.....

ENDORSEMENT OF THE EMPLOYER

(Endorsement given below is to be signed and forwarded by the Drawing and Disbursing Officer (DDO/ Employer in the case of the in-service candidates whether in regular / temporary capacity, failing which the application is liable to be rejected)

Mr./Ms./Dr. _____ Designation _____ has been in our employment on probationary/temporary/ regular basis, since _____. His/her scale of pay is Rs. _____ in the Pay Structure of Rs. With AGP/ GP of Rs. _____ and the total emoluments are Rs. _____. His/Her next date of increment is _____. The University / Institution has no objection to his / her application being considered.

His/her application is forwarded and he/she will be relieved within _____ after the receipt of appointment order.

Signature:

Name:

Designation:

Date:

Seal of the Office: