



DHARMASHASTRA NATIONAL LAW UNIVERSITY, JABALPUR

(Established by Madhya Pradesh Act No. 24 of 2018)

BRBRAITT Campus, South Civil Lines, Ridge Road, Jabalpur (M.P.) 482001

info@mpdnl.u.ac.in, 0761- 2605555

APPLICATION FORM FOR TEACHING POSITIONS

ADVERTISEMENT PUBLISHED IN DATED.....	FORM NUMBER (FOR OFFICE USE ONLY) 	PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE					
1. NAME OF THE POST APPLIED FOR							
2. DETAILS OF BANK PAYMENT							
DD NUMBER	DATE	AMOUNT	NAME OF THE BANK	DD ISSUING BRANCH'S NAME			
3. PERSONAL DETAILS							
A.	NAME (IN CAPITAL LETTERS)	FIRST NAME		MIDDLE NAME	SURNAME		
B.	DATE OF BIRTH	DAY	MONTH	YEAR	AGE AS ON DATE	YEAR	MONTH
C.	PLACE OF BIRTH	CITY / VILLAGE		STATE	COUNTRY		
D.	FATHER'S NAME						
E.	MOTHER'S NAME						
F.	NATIONALITY						
G.	GENDER	MALE / FEMALE / OTHER:					
H.	COMMUNITY / CATEGORY (TICK WHICHEVER IS APPLICABLE)	GEN / SC / ST / OBC / PC / OTHER CATEGORIES					
		IF OTHER CATEGORY: - GIVE DETAILS _____					
I.	MARITAL STATUS	a. MARRIED / UNMARRIED					
		b. IF MARRIED, NAME OF SPOUSE _____					
J.	IF PHYSICALLY CHALLENGED, INDICATE THE RELEVANT PARTICULARS	IF APPLICABLE, WRITE 'YES'		PERCENTAGE OF DISABILITY			
	(i) BLINDNESS OR LOW VISION						
	(ii) HEARING IMPAIRMENT						

(iii) LOCOMOTOR DISABILITY OR CEREBRAL Palsy (INCLUDES ALL CASES OF ORTHOPEDICALLY HANDICAPPED)			
4. EDUCATIONAL QUALIFICATIONS (ATTACH ADDITIONAL PAGES, IF REQUIRED)			
CLASS 10TH / EQUIVALENT	EXAM PASSED YEAR		
	SUBJECTS STUDIES		
	MARKS (%) / CGPA		
	INSTITUTION / SCHOOL		
	BOARD / COUNCIL / UNIVERSITY		
10+2 / EQUIVALENT	EXAM PASSED YEAR		
	SUBJECTS STUDIES		
	MARKS (%) / CGPA		
	INSTITUTION (SCHOOL / COLLEGE)		
	BOARD / COUNCIL / UNIVERSITY		
BACHELOR'S DEGREE LL.B. B.A., LL.B.(Hons.) B.Sc., LL.B.(Hons.) B.Com., LL.B.(Hons.) B.A., / B.Sc. / B.Com.	EXAM PASSED YEAR		
	SUBJECTS STUDIES		
	MARKS (%) / CGPA		
	INSTITUTION (COLLEGE / UNIVERSITY)		

	UNIVERSITY			
MASTER'S DEGREE (LL.M. / M.A.)	EXAM PASSED YEAR			
	SUBJECTS STUDIES			
	AREA OF SPECIALIZATION			
	MARKS (%) / CGPA			
	INSTITUTION			
	UNIVERSITY			
Ph. D. / EQUIVALENT	AWARDED (YES/NO) OR SUBMITTED			
	AREA OF SPECIALIZATION			
	TOPIC			
	UNIVERSITY			
JRF / NET / SLET FOR LECTURESHIP, IF ANY	YEAR OF AWARD			
	SUBJECT	ROLL NO	YEAR	POSITION
ANY OTHER EXAMS PASSED				

5. WORK EXPERIENCE (INCLUDING CURRENT POSITION / EMPLOYMENT)

SL. NO.	DESIGNATION AND SCALE OF PAY	NAME AND ADDRESS OF EMPLOYER(S)	DATE OF JOINING	DATE OF LEAVING	LENGTH OF SERVICE	NATURE OF WORKS / DUTIES
I						
II						
III						
IV						
V						
ADDITIONAL REMARKS ABOUT EXPERIENCES, IF ANY						

A) TEACHING	DURATION	SUBJECT(S)
I) UNDER-GRADUATE LEVEL		
II) GRADUATION LEVEL		
III) POST-GRADUATE LEVEL		
B) POST-DOCTORAL: TEACHING / RESEARCH		
C) OTHER EXPERIENCE, IF ANY		

6. ACADEMIC DISTINCTIONS	
NAME OF THE ACADEMIC COURSE / BODY	ACADEMIC DISTINCTION OBTAINED

7. PUBLICATIONS, IF ANY (MENTION HERE ONLY NUMBERS OF THE DETAILS)							
PUBLICATIONS		PUBLISHED (NO.)	ACCEPTED / IN PRINT (NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE		
BOOKS							
RESEARCH PUBLICATIONS							
RESEARCH PUBLICATIONS (JOURNALS)	NATIONAL						
	INTERNATIONAL						
MONOGRAPHS							
OTHER PUBLICATIONS							
8. SEMINARS / CONFERENCES / WORKSHOPS / TRAINING PROGRAMMES, ATTENDED / ORGANIZED ETC. (ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)							
		IN INDIA (NO.)	ABROAD (NO.)	TOTAL (NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE	
(I)							
(II)							

(III)						
(IV)						
(V)						
(VI)						
(VII)						

9. RESEARCH GUIDANCE (NO. OF STUDENTS GUIDED)	LL.M. / M.PHIL. / EQUIVALENT (NO.)	PH.D. / LL.D. (NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE

10. REFERENCES (ACADEMIC / PROFESSIONAL) (THREE) (WITH COMPLETE ADDRESS FOR COMMUNICATION)	
REFEREE - 1	
NAME	
DESIGNATION	
ADDRESS	
EMAIL	
PHONE (LANDLINE) WITH STD CODE	
MOBILE NO:	
FAX	
EMAIL	
REFEREE - 2	
NAME	
DESIGNATION	
ADDRESS	
EMAIL	
PHONE (LANDLINE) WITH STD CODE	
MOBILE NO.	
FAX	
EMAIL	
REFEREE - 3	
NAME	
DESIGNATION	
ADDRESS	
EMAIL	
PHONE (LANDLINE) WITH STD CODE	
MOBILE NO.	
FAX	
EMAIL	

**11. ADMINISTRATIVE / MANAGEMENT AND OTHER RELATED EXPERIENCE:
(ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)**

12. MENTION ANY PROFESSIONAL RESPONSIBILITIES YOU MAY HAVE TAKEN (E.G. EDITORIAL / CONFERENCE ORGANIZER ETC.): (ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)

13. HONOURS AND AWARDS (PLEASE PROVIDE DETAILS)

**14. MEMBERSHIP / FELLOWSHIP OF LEARNED BODIES / SOCIETIES
(PLEASE PROVIDE DETAILS)**

15. ANY OTHER INFORMATION / QUALIFICATION RELEVANT TO THE POST APPLIED FOR

16. CANDIDATE'S NAME AND ADDRESS FOR CORRESPONDENCE			
NAME			
COMPLETE ADDRESS WITH PIN CODE	MAILING ADDRESS	PERMANENT ADDRESS	
E-MAIL	PHONE NO. (LANDLINE WITH STD CODE)	MOBILE NO.	FAX NO.

17. LIST OF SELF ATTESTED TESTIMONIALS ATTACHED (ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW). PLEASE TICK (✓) THE ONES APPLICABLE

- (a) MATRICULATION MARKSHEET / CERTIFICATE
- (b) INTERMEDIATE MARKSHEET / CERTIFICATE
- (c) B.A. / B.SC. / B.COM. (FINAL) MARKSHEET / DEGREE
- (d) M.A. / M.SC. / M.COM. / M.B.A. (FINAL) MARKSHEET / DEGREE
- (e) B.A., LL.B.(HONS.) / B.SC., LL.B.(HONS.) / B.COM., LL.B.(HONS.) (FINAL) MARKSHEET / DEGREE
- (f) LL.M. / M.L. MARKSHEET / DEGREE
- (g) M.PHIL. DEGREE
- (h) PH.D. / D.PHIL DEGREE
- (i) D.LITT, D.SC., LL.D. DEGREE
- (j) SLET / NET, UGC-JRF, CSIR-JRF AWARD CERTIFICATE
- (k) CASTE CERTIFICATE ISSUED BY THE COMPETENT AUTHORITY (OBC / SC / ST / ETC.)
- (l) EXPERIENCE CERTIFICATE
- (m) RECOMMENDATION LETTER(S)
- (n) AWARD(S) / FELLOWSHIP(S)
- (o) PUBLICATION(S)

TOTAL NUMBER OF ABOVE SELF ATTESTED TESTIMONIALS ATTACHED _____
(IN WORDS) _____

N.B. APPLICATIONS WITHOUT THE ABOVE SELF ATTESTED TESTIMONIALS (APPLICABLE TO THE CANDIDATE) WILL NOT BE ENTERTAINED.

18. DECLARATION

I, _____ SON / DAUGHTER OF _____
HEREBY DECLARE THAT ALL THE STATEMENTS AND ENTRIES MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN THE EVENT OF ANY INFORMATION BEING FOUND FALSE OR INCORRECT OR INELIGIBILITY BEING DETECTED BEFORE OR AFTER THE SELECTION COMMITTEE, MY CANDIDATURE / APPOINTMENT MAY BE CANCELLED BY THE UNIVERSITY AND I WILL HAVE NO CLAIM AGAINST THE DECISION OF THE UNIVERSITY.

SIGNATURE OF THE APPLICANT

*NAME AS SIGNED (IN BLOCK LETTER)

*APPLICATION NOT SIGNED BY THE CANDIDATE LIABLE TO BE REJECTED

19. ENDORSEMENT BY THE EMPLOYER (WORKING CANDIDATES ONLY)

THE ENDORSEMENT BELOW IS TO BE SIGNED AND FORWARDED BY THE HEAD OF THE DEPARTMENT / EMPLOYER OF THE ORGANIZATION / INSTITUTION IN THE CASE OF THE IN-SERVICE CANDIDATE WHETHER IN PERMANENT / CONTACT OR TEMPORARY CAPACITY.

FORWARDED TO DHARMASHASTRA NATIONAL LAW UNIVERSITY, JABALPUR, BRBRAITT CAMPUS, SOUTH CIVIL LINES, RIDGE ROAD, JABALPUR (M.P.) 482001, info@mpdnlu.ac.in, 0761- 2602222

THE APPLICANT DR./MR./MRS./MS. _____, WHO HAS SUBMITTED THIS APPLICATION FOR THE POST OF _____ IN THE DHARMASHASTRA NATIONAL LAW UNIVERSITY, JABALPUR HAS BEEN WORKING IN THIS ORGANIZATION NAMEDLY _____ IN THE POST OF _____ IN A TEMPORARY / CONTRACT / PERMANENT CAPACITY WITH EFFECT FROM _____ IN THE SCALE OF PAY / CONSOLIDATED MONTHLY PAY OF ₹ _____. HE/SHE IS DRAWING A BASIC PAY OF ₹ _____. HIS / HER NEXT INCREMENT IS DUE ON _____.

FURTHER, IT IS CERTIFIED THAT NO DISCIPLINARY / VIGILANCE CASE HAS EVER BEEN HELD OR CONTEMPLATED OR IS PENDING AGAINST THE SAID APPLICANT. THERE IS NO

OBJECTION FOR HIS/HER APPLICATION BEING CONSIDERED BY THE DHARMASHASTRA
NATIONAL LAW UNIVERSITY, JABALPUR.

(SIGNATURE OF THE FORWARDING OFFICER)

NAME: _____

DESIGNATION: _____

PLACE: _____

DATE: _____

SEAL