



# MAHARASHTRA NATIONAL LAW UNIVERSITY, AURANGABAD

(University established by State Legislature of Maharashtra by Act No. VI of 2014)

॥ यतो धर्मस्ततो जयः ॥

<b>APPLICATION FORM FOR TEACHING POSITIONS</b>						
<b>Post Name &amp; No. Applied for:</b>			<b>Form Number: (For Office use only)</b>		Affix recently taken passport size photograph	
<b>Reference of Advertisement</b> (Publication of Advertisement):			<b>Date of Advertisement:</b>			
<b>1. DETAILS OF THE BANK PAYMENT (APPLICATION FEE)</b>						
DD Number	Date	Amount	Name of the Bank		DD Issuing Bank's Name	
<b>2. PERSONAL DETAILS OF THE CANDIDATE</b>						
<b>A. Name:</b> (In Capital Letters)	FIRST NAME		MIDDLE NAME		SURNAME	
<b>B. Date of Birth:</b>	DAY	MONTH	YEAR	AGE AS ON:	YEAR	MONTH
<b>C. Place of Birth:</b>	CITY/VILLAGE		STATE		COUNTRY	
<b>D. Mother's Name:</b>						
	<b>Father's Name:</b>					
<b>E. Nationality:</b>						
<b>F. Gender:</b>	MALE/FEMALE/OTHER:					
<b>G. Category:</b>	General/SC/ST/OBC/PWD/Other Category (Tick Mark & Write):					
<b>H. Marital Status:</b>	Married/Unmarried:					
<b>I. Permanent Address:</b> (Write in legible words/letters)						
<b>J. Address for Correspondence:</b> (Write in legible words/letters)						
<b>K. E-mail ID:</b> (In legible words/letters)						
<b>L. Contact Number:</b> (In legible words/letters)	Mobile No.:			Land Line No.:		



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## 3. EDUCATIONAL QUALIFICATION

<b>Class 10<sup>th</sup> / Equivalent</b>	Year of Passing:		
	Percentage / CGPA:		
	School:		
	Board / Council:		
<b>Class 12<sup>th</sup> / Equivalent</b>	Year of Passing:		
	Percentage / CGPA:		
	School:		
	Board / Council:		
<b>Bachelor's Degree (U.G.)</b>	Year of Passing:		
	Percentage / CGPA:		
	College / University		
(Specify)			
<b>Master's Degree (P.G.)</b>	Year of Passing:		
	Percentage / CGPA:		
	College / University:		
(Specify)	Specialisation:		
<b>Ph.D. / Equivalent (Law)</b>	Year of Award:		
	Area of Ph.D.:		
	Topic:		
	University:		
<b>NET/SLET /JRF</b>	<b>Subject</b>	<b>Roll No.</b>	<b>Month &amp; Year</b>
(Specify)			



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4. TEACHING EXPERIENCE*						
Sr. No	Designation & Scale of Pay	Name of Employer	Date of Joining	Date of Leaving	Length of Service	Nature of Work/Duties
1						
2						
3						
4						
5						

*\*Attach Separate Sheet if required*

5. LIST OF COURSES AND SUBJECTS TAUGHT*		
Academic Level / Courses	Duration	Subjects taught/administered
Graduate Level (UG)		
Post Graduate Level (PG_		
Doctoral / Post-Doctoral Teaching		

*\*Attach Separate Sheet if required*



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6. ACADEMIC/RESEARCH/AWARDS/ DISTINCTIONS*	
Sr. No.	Academic and Research Distinctions/Awards obtained
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

*\*Attach Separate Sheet or Rows, if required*

7. PUBLICATIONS*					
Publications	National	International	Total	Self-Assessment API Score	Verified API Score
Books:					
Book Chapters:					
Journals:					
Monographs:					

*\*Attach Separate Sheet for enlisting publications under the head "List of Publications"*

8. PAPER PRESENTATION / PARTICIPATION IN SEMINAR OR CONFERENCE ETC. / RESOURCE PERSON / TRAINING PROGRAMMES*					
Publications	National	International	Total	Self-Assessment API Score	Verified API Score
Paper Presentation:					
Training Programmes:					
Resource Person:					
Participation in Seminar, Conference, etc.					

*\*Attach Separate Sheet for enlisting Paper Presentation etc. under the head "Paper Presentation / Participation in Seminar or Conference etc. / Resource Person / Training Programmes"*



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<b>9. RESEARCH GUIDANCE*</b>	
<b>Academic Level / Courses</b>	<b>Number of Students / Scholars guided</b>
1. LL.M. (P.G.):	
2. Ph.D. :	
3. LL.D.:	
<b>Total:</b>	
<b>Self-Assessment API Score:</b>	
<b>Verified API Score:</b>	

*\*Produce relevant documents along with Application Form*

<b>10. CONTRIBUTION TO THE CORPORATE LIFE OF THE UNIVERSITY/COLLEGE*</b>
<b>Experience and Contribution to the Academics:</b>
1.
2.
3.
4.
5.
6.
7.
<b>Experience and Contribution to the Corporate Life of the University/College:</b>
1.
2.
3.
4.
5.
6.
7.

*\*Attach Separate Sheet or Rows, if required*



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## 11. HONOURS / AWARDS / PROFESSIONAL ENGAGEMENTS\*

### Experience as to Academic Contribution:

1.

2.

3.

4.

5.

6.

7.

*\*Attach Separate Sheet or Rows, if required*

## 12. REFERENCES (Academic / Professional)

### Referee-1

Name:

Designation:

University:

E-mail:

Contact No.:

Address:

### Referee-2

Name:

Designation:

University:

E-mail:

Contact No.:

Address:



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<b>Referee-3</b>	
Name:	
Designation:	
University:	
E-mail:	
Contact No.:	
Address:	

### 13. LIST OF DOCUMENTS / TESTIMONIALS (SELF-ATTESTED) ATTACHED (ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW)

<b>List of Documents / Testimonials Attached with the Application Form</b>		
1)	5)	9)
2)	6)	10)
3)	7)	11)
4)	8)	12)

- Total Number of documents: \_\_\_\_\_ attached.
- Total Number of Pages: Excluding Application Form: \_\_\_\_\_ attached.
- **Note:** Application Form without supporting documents will not be entertained.

### 14. DECLARATION:

I hereby declare that all the entries made by me in this Application Form are true to the best of my knowledge and belief. If anything is found to be false, at any stage my candidature may be cancelled without assigning any reason thereof.

**Date:** \_\_\_\_\_

**Signature of the Applicant**



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### 15. ENDORESEMENT BY PRESENT EMPLOYER (for in-Service Candidates)

#### **Forwarded to:**

**The Registrar  
Maharashtra National Law University, Aurangabad,  
Nath Valley Road, Kanchanwadi,  
Chhatrapati Sambhajanagar-431 011.  
(Maharashtra)**

The Applicant Mr./Mrs. \_\_\_\_\_ who  
has submitted this Application Form for the post of \_\_\_\_\_ is  
in the post of \_\_\_\_\_ in a temporary / permanent / regular  
capacity with effect from \_\_\_\_\_ in this institution / organisation. He  
/ She is drawing Basic Pay / Pay of Rs. \_\_\_\_\_ in the scale of  
\_\_\_\_\_

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 for the appointment in the Maharashtra National Law University Aurangabad.

**Signature with Designation of the Forwarding Authority  
with Seal**

**Date:**

**Place:**



# DECLARATION

PROFORM - A

(See Rule 4)

Shri / Smt ./Kum \_\_\_\_\_

son/ daughter/wife of Shri \_\_\_\_\_

aged \_\_\_\_\_ years, resident of \_\_\_\_\_

District \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

do hereby declare as follows:

1) That I have filled my application for the post of \_\_\_\_\_

2) I have \_\_\_\_\_ (Number) living children as on today

Out of which No. of children born after 28 March, 2005 is \_\_\_\_\_

**Date of Birth of children who born after 28 March – 2005**

3) I am aware that, if any total No. of living children are more than two due to the children born after 28 March, 2005, I am liable to be disqualified for the same post.

Place:

Date:

(Signature of Applicant)