**MANIPUR PUBLIC SERVICE COMMISISON**

**Application Form for direct recruitment to Government College Principals**

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| Category (Tick the applicable) :UR☐ OBC☐SC☐ST☐DAP☐If applied for a post/posts earlier in response to previous advertisements of the MPSC, give details: |
| **(For office use only)**Date of Receipt:No. of Enclosures Claimed \_\_\_\_\_\_\_\_Attached\_\_\_\_\_\_\_\_(Signature) | Manipur Public Service CommissionAdvertisement No.\_\_\_\_\_\_\_\_\_\_ | Paste your recent passport size photograph here and sign across the photo so that part of signature should be on form |
| Details of fee payment  |
| Demand Draft No | Date | Amount | Name of Bank and Branch |
|  |  |  |   |
| 1 | Name (In Capital Letters) | First Name  | Middle Name  | Surname |
|  |  |  |
| 2 | Date of birth | Day | Month  | Year  | Age as on last date of advertisement  | Years  | Months |
|  |  |  |  |  |
| 3 | Place of birth | City/Village | State | Country |
| 4 | Father's Name: |
| 5 | Mother's Name: |
| 6 | Nationality: |
| 7 | Gender: |
| 8 | Community/ Category(Please strike out whichever options are not applicable) | If SC/ST/OBC/PWD, give details:S.No. of proof enclosed : |
| 9 | Marital status: |
| 10 | If differently abled persons (DAP), indicate the relevant particulars  | Yes/ No | Percentage of disability | S. No. of proof of enclosure |
| a. Blindness or low vision: |  |  |  |
| b. Hearing impairment |  |  |  |
| c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped) |  |  |  |

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| 11. Details for contact |
| (a) Mailing address:  | (b) Permanent address: |
| (c) E-mail : | (d) Mobile/Telephone: |
| 12. Educational qualifications (Attach additional pages, if required) |
|  | Name of course  | Name of the Board/ University  | Year passed  | Division | CGPA (if grading is applicable) | % of Marks (pl. indicate equivalent to CGPA also) | Subjects studied  | S. No. of proof of enclosure |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
| 10th Class / equivalent  |  |  |  |  |  |  |  |  |
| 10+2/Hr.Sec.equivalent |  |  |  |  |  |  |  |  |
| Bachelor's degree |  |  |  |  |  |  |  |  |
| Master's degree |  |  |  |  |  |  |  |  |
| M.Phil. |  |  |  | Title: |  |
| Ph.D./D.Phil. |  |  |  | Title: |  |
| NET/ SLET/SET for lectureship, if any  | Subject: | Roll No.: | Year: |  |
| Any other exams passed |  |  |  |  |
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| 13. Chronological list of experience (starting from current position/ employment) |
| Designation  | Scale of pay & present Basic & AGP | Name & address of employers  | Period of Experience | Nature of work/ duties  | S. No. ofproof of enclosure |
| From date | To date  | No. of years/ months (As on date of advertisement) |
| (a)  | (b) | (c)  | (d) | (e) | (f) | (g) | (h) |
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| 14. Nature of experience  | S. No. of proof of enclosure |
| a) Teaching  | No. of years  | No. of months  |
| i) Under-graduate level |  |  |  |
| ii) Post-graduate level |  |  |  |
| b) Post-doctoral experience |  |  |  |
| c) Other experience, if any |  |  |  |
| Total experience  |  |  |  |

\* (Add separate sheet if required, to be annexed at relevant S.No.)

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| 15. Details of Post doctoral experience | S. No. of proof of enclosure |
| Agency  | Host Institution | From | To | Duration |
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| Total experience years Months Total |

\* (Add separate sheet if required, to be annexed at relevant S. No.)

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| 16.Academic distinctions | S. No. of proof of enclosure |
| Name of the Academic Course/ Body | Academic distinction obtained  |
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\* (Add separate sheet if required, to be annexed at relevant S. No.)

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| 17. Names and complete postal addresses of 2 referees (The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant) |
|  | Referee-1 | Referee-2 |
| Names:  |  |  |
| Complete postal address: |  |  |
| Email: |  |  |
| Phone (Landline) with STD code |  |  |
| Mobile: |  |  |
| Fax: |  |  |

18. CATEGORY II: PROFESSIONAL DEVELOPMENT, CO-CURRICULAR AND EXTENSION ACTIVITIES

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| --- | --- | --- | --- | --- |
| Category | Nature of Activity | Actual hoursspent peracademic year | API Score(Actual hours spent per academic year divided by 10) | S. No. of proof of enclosure |
| (a) Student related co-curricular, extension and field based activities |
| (i) | Discipline related co-curricular activities (e.g. remedial classes, career counseling, study visit, student seminar and other events.) |  |  |  |
| (ii) | Other co-curricular activities (Cultural, Sports, NSS, NCC etc.)  |  |  |  |
| (iii) | Extension and dissemination activities (public /popular lectures/ talks/seminars etc.) |  |  |  |
| (b) Contribution to corporate life and management of the department and institution through participation in academic and administrative committees and responsibilities |
| (i) | Administrative responsibility (including as Dean / Principal / Chairperson / Convener / Teacher-in-charge/similar other duties that require regular office hrs for its discharge)  |  |  |  |
| (ii) | Participation in Board of Studies, Academic and Administrative Committees |  |  |  |
| (c) | Professional Development activities (such as participation in seminars, conferences, short term training courses, industrial experience, talks, lectures in refresher / faculty development courses, dissemination and general articles and any other contribution) |  |  |  |

19. CATEGORY III: RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

19(A)(i) Published Papers in Refereed Journals

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| S. No. | Title with Page nos. | Journal | ISSN/ ISBN No. | Impact factor | Whether Peer reviewed. Impact factor, if any | No. of co-authors  | Whether you are the first or corresponding author  | API Score | S. No. of proof of enclosure |
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19(A)(ii) Published Papers in Other Reputed Journals

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| S. No. | Title with Page nos. | Journal | ISSN/ ISBN No. | Impact factor | Whether Peer reviewed. Impact factor, if any | No. of co-authors  | Whether you are the first or corresponding author  | API Score | S. No. of proof of enclosure |
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19(B)Publications other than Journal articles (books, chapters in books etc.)

(i) Text/Reference, Books published by International Publishers, with ISBN/ISSN number

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| S. No. | Title with Page nos. | Book Title, editor & publisher | ISSN/ ISBN No. | Whether Peer reviewed. | No. of co-authors  | Whether you are the first or corresponding author  | API Score | S. No. of proof of enclosure |
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19(B) (ii)Subject Books, published by National level publishers, with ISBN/ISSN number or State /Central Govt. Publications.

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| S. No. | Title with Page nos. | Details of Conference Publication | ISSN/ ISBN No. | No. of co-authors  | Whether you are the main author  | API Score | S. No. of proof of enclosure |
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19(B) (iii)Subject Books, published by other local publishers, with ISBN/ISSN number

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| S. No. | Title with Page nos. | Type of Book & Authorship | Publisher & ISSN/ ISBN No. | Whether Peer reviewed. | No. of co-authors  | Whether you are the main author  | API Score | S. No. of proof of enclosure |
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19(B) (iv)Chapters in Books, published by National and International level publishers, with ISBN/ISSN number

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| S. No. | Title with Page nos. | Type of Book & Authorship | Publisher & ISSN/ ISBN No. | Whether Peer reviewed. | No. of co-authors  | Whether you are the main author  | API Score | S. No. of proof of enclosure |
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19(C) Ongoing and Completed Research Projects and Consultancies

19(C) (i& ii) Ongoing Projects/Consultancies

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| --- | --- | --- | --- | --- | --- | --- |
| S. No. | Title | Agency | Period  | Grant/ Amount Mobilized (Rs lakh) | API Score | S. No. ofproof of enclosure  |
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19(C) (iii) Project Outcome/Outputs

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| S. No. | Whether policy document/ patent/technology transfer/product/process | Title  | Agency | Whether International/ National/Central Government/ State Govt./Local bodies | API Score | S. No. of proof of enclosure |
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19(D) Research Guidance

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| Sl. No. | Name of the Ph.D./M.Phil. Scholar  | Title of the thesis/dissertation | Whether Degree awarded?(say Yes or No) | API Score | S. No. of proof of enclosure |
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19(E) (i) Fellowships/Awards from academic bodies/associations

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| S. No. | Name of the Award | Academic body/Association | Whether International/National/State/University level | API Score | S. No. of proof of enclosure |
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19(E) (ii) Invited lectures /papers

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| S. No. | Title of Lecture/ Academic Session | Title of Conference/ Seminar etc. | Organized by  | Whether International/National/State/University level | API Score | S. No. of proof of enclosure |
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(F) Development of e-learning delivery process/material

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| S. No. | Title of Module | Recognized by/Submitted at/Delivered at | API Score | S. No. of proof of enclosure |
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Please tick the enclosures attached

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| --- | --- | --- | --- |
| S. No. | Cheek List | S. No. of enclosure | No. of sheets |
|  | Matriculation mark sheet/ certificate |  |  |
|  | Intermediate mark sheet / certificate |  |  |
|  | B.A./ B.Sc./ B.Com (Final) mark sheet/ degree |  |  |
|  | M.A./ M.Sc./ M.Com (Final) mark sheet/ degree |  |  |
|  | L.L.B. (Final) mark sheet/ degree |  |  |
|  | L.L.M. mark sheet/ degree |  |  |
|  | M. Phil. Degree |  |  |
|  | Ph.D./ D. Phil. Degree |  |  |
|  | D.Litt., D.Sc., L.L.D. degree |  |  |
|  | NET, UGC-JRF, CSIR-JRF Award Certificate |  |  |
|  | Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc) |  |  |
|  | Experience certificates |  |  |
|  | Recommendation letter(s) |  |  |
|  | Award (s)  |  |  |
|  | Fellowship(s) |  |  |
|  | Publication (s) |  |  |
|  |  |  |  |

Total number of sheets enclosed\_\_\_\_\_\_\_\_\_ (please give sequential number to each sheet and signature with date).

20. Have you been reprimanded ever Yes/No

 Give detail if yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 21. Any other information/ qualification relevant to the post applied for: |

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| 22. 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 found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature/ appointment may be cancelled by the University. I have never been convicted or contemplated for any unlawful activity. \*Signature of the Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full Name in candidate’s handwriting)Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Application not signed by the candidate is liable to be rejected |

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| 23. Endorsement by the EMPLOYER |
| a) In case of in-service candidates in Government/ Semi-Government organizations/ Public Sector Undertakings / Autonomous Organizations, the endorsement form must be signed by the employer.b) In case of in-service candidates from Private Sector, acceptance of resignation and relieving letter from the employer must be submitted at the time of joining.Forwarded to the Secretary, Manipur Public Service Commission, North AOC, DM Road, Imphal-795001The applicant Dr./Mr./Mrs/Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has submitted this application for the post of Principal in Government Colleges has been in employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in a temporary/ contract/ permanent capacity with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Scale of Pay of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/ She is drawing a basic pay of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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 Manipur Public Service Commission, and in the event of selection, he/she will be relieved to join as Principal in Government Colleges, Manipur as per rules. Signature of the forwarding officerName :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

VERIFICATION BY THE HEAD OF THE INSTITUTION

 This is to certify that the entries made by Dr. ……………………………………. …………………………………………………………. Associate Professor of the ………….. …………………………………………………….. (College/ University) in the Table of Category-II and Category-III above are verified as per records maintained by the IQAC of the College/ University for the period from ………………………… to ………………………

Signature of Head of Institute

Place:

(Chairman, IQAC)

Date:

Name of Institution:

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N.B. : If the candidate was/ is working in more than one Institution, the verification certificate shall be issued by the concerned Chairman of IQAC of the Institution for the relevant period.