

P.G.D.A.V. (M) College
(University of Delhi)
Faculty Details

(Please fill up the form and submit by 31.05.2018 at the College office)
Kindly attach additional sheets whenever needed, but provide detailed information)

Note:

You will have to provide documentary proofs to validate the details furnished by you whenever the administration asks you to.

Please fill up the form in detail online also and post it on the official website of the college (pgdavcollege.edu.in) this is mandatory.

A. GENERAL INFORMATION

Name of Faculty: (Dr./Mr./Ms.) _____

Date of Birth: _____

Nature of appointment (Permanent/Temporary/Ad-hoc) _____

Period of appointment (upto 31.03.2018) _____

Area of Specialization: _____

Contact Details: Email _____ Mobile _____

Landline: _____

Residence Address: _____

B. ACADEMIC QUALIFICATION:

Degree	Board / University	Subjects	Year of Passing	Division / Grade
Ph.D				
M.Phil / M.Tech.				
Post Graduation				
Under Graduation				
UGC NET /SLET				
Any other Qualification				

C. TEACHING EXPERIENCE:

Courses Taught	Name of University / College / Institution	Duration

C.1. Total Teaching Experience (in years):

a) Under Graduation (Pass Course) : _____

b) Under Graduation (Honours Course): _____

c) Post Graduation : _____

Important Note:

Kindly enclose information for **POINTS C to G** in detail for the preceding four academic years:
(2014-15, 2015-16, 2016-17, 2017-18)

C.2. Teaching Workload

(Separately for all the four years)

Class	Period					
	Assigned Per Week			Taught in a semester / year		
Academic Session January to June	Lectures	Tutorials	Practical	Lectures	Tutorials	Practical
July to December						

iv) Evaluation of Dissertation / Thesis / Project Reports: _____

v) Assessment of home assignments: _____

D. RESEARCH EXPERIENCE & TRAINING

(During last four years)

Research Stage	Title of work / Thesis	University where the work was carried out
Post Doctoral		
Publications (Give a separate list)		
Research Guidance (Give names of students guided successfully and proof)		
Training (please specify)		

E. RESEARCH PROJECTS CARRIED OUT

(During last four years)

Title of the project	Name of the funding agency	Duration and submission date	Remarks

F. RESEARCH CONTRIBUTIONS

(During last four years)

a) Number of students (M.Phil. / Ph.D)

	At the beginning of the year	Registered during the year	Completed during the year
M.Phil			
Ph.D			

b) No. of research papers published (Please enclose list)

(During last four years)

Publication title	Journal	Published /Edited in	ISSN/ISBN NO. (if available)	Vol. Month & Year

G. SEMINARS, CONFERENCES, SYMPOSIA, WORKSHOPS ETC.

G.1. ATTENDED (Please enclose list)

G.2. ORGANIZED (Please enclose list)

G.3. PAPERS PRESENTED (Please enclose list)

H. EXTENSION WORK / COMMUNITY SERVICE:

a) Please give a short account of your contribution to:

1) Community work such as values of National Integration, secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.: _____
_____.

2) National Literacy Mission : _____

b) Positions held / Leadership role played in organizations linked with Extension work and National Service Scheme (NSS), or NCC or any other similar activity.

I. PARTICIPATION IN CORPORATE LIFE:

Please give a short account of your contribution to:

(Attach separate sheets, if need be)

- a) College / University / Institution : _____
- b) Co-curricular activities : _____
- c) Enrichment of campus life (hostels, sports, games cultural activities) _____
- d) Student welfare and Discipline: _____
- e) Membership / Participation in Bodies/Committees on Education and National Development : _____
- f) Professional Organizations of Teachers: _____

J. OTHER DETAILS

- (a) Membership of Professional Bodies: _____
- (b) Editorship of Journals: _____
- (C) Awards and Distinctions: _____

K. ASSOCIATION WITH PROFESSIONAL BODIES:

Association Type	Details
Editing	
Reviewing	
Advisory	
Committees and Boards	
Memberships	
Office Bearer	

L. ANY OTHER INFORMATION (which you feel to be important) : _____

Date :

(Signature of the Faculty Member)