

Chattrapati Shahu Ji Maharaj University, Kanpur



Ref. No. CSJMU/PP/ 76/2018

Dated: 09 /2/2018

Vacancy Notification

University Institute of Pharmacy, CSJMU proposes to engage experienced faculty on contractual basis as per following:

SN	Programme	Name of Post	No. of Posts	Subject of specialization
1	Diploma in Pharmacy (proposed)	Lecturer	02	Pharmaceutics
		Lecturer	02	Pharmaceutical Chemistry
		Lecturer	02	Pharmacology
2	M.Pharm.	Professor	01	Pharmaceutics
		Professor	01	Pharmaceutical Chemistry
3	B.Pharm.	Associate Professor	01	Pharmaceutics
		Associate Professor	01	Pharmaceutical Chemistry
		Associate Professor	01	Pharmacology

If selected, the appointments made shall be purely temporary and no claim for regular appointment can be made at any stage. Consolidate honorarium shall be paid as decided by University authorities. Eligibility/Qualification shall be as per the PCI, rules. Interested applicants may post their applications separately for each program with self-attested photocopies of relevant certificates, along with Demand draft of Rs. 100/ each in favor of Finance officer C.S.J.M. University, Kanpur in an envelope clearly mentioning Post applied for in University Institute of Pharmacy within 15 days of advertisement to "The Registrar", C.S.J.M. University Kanpur.

Note: Merely sending the application does not entitle the applicant to be called for an interview. University reserves the rights to increase or decrease the number and nature of posts at any time.


Registrar

CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR

University Institute of Pharmacy

Affix your
recent colored
photograph

Application for the post of

For: M. Pharm Program/ B. Pharm. Program/ D. Pharm. Program

Specialization:.....

D.D. No. Date:..... Name of Bank:..... Amount:
.....

I. Advt. No. :

II. About the Applicant (Personal)

1. Full Name (In capitals)
2. Date of Birth
3. Father's Name/Husband Name:
4. Present address:
5. Permanent address:
6. Area of specialization
7. Email
8. Telephone no.
9. Whether belong to SC/ST/OBC

(Please attach certificate from competent authority)

10. Nationality

III. Qualification

1. Educational Attainments:

Examination	School/College	Board/ University	Subject	Year	Div.	% of Marks	Enclo . No.
High school or its equivalent							
Intermediate or its equivalent							
B.Pharm.							
M.Pharm.							
Ph.D.							
Any other							

Ne

2. (a) Research Experience

Duration:

Organization:

Area(s):

(b) Thesis Supervision

SN	Name	Organization	Year of Completion	Title of Thesis	Co-guide (if any)

(c) Sponsored Projects

Period	Sponsoring Title of Project Organization	Title of Project	Amount of grant	Co-investigators (if any)

(d) Consultancy

Period	Organization	Title of Project & Nature of work	Co-investigators (if any)

(e) Industrial Experience

Period	Organization	Nature of work	Designation

(f) Administrative Experience

Period	Organization	Position

3. Experience of guiding research (give details on extra sheet, if required)

4. Experience of organizing seminars/workshops/conferences (Give details on extra sheets, if required)

Publication (enclose reprint of the best paper (about 5) in your judgment)

(a) Papers in referred Journals (List those Published and accepted separately)

S.N.	Name(s) of Author (s)	Year	Title	Complete Reference of Journal

(b) Papers presented in conference proceedings:

S.N.	Name(s) of Author (s)	Year	Title	Complete Reference of Journal

(c) Papers presented in conferences but not published:

S.N.	Name(s) of Author (s)	Year	Title	Name of Conference	Place

(d) Books: (List those published and in-press separately)

S.N.	Name(s) of Author (s)	Year	Title	Publisher

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(e) Awards and Recognition:

5. Membership of professional/ academic bodies:

Name of the body with address	Nature of Membership	Period	
		From	To

IV. General

1. Extra Curricular Activities

2. How much time will be required
To join the new assignment if appointed

3. Name & address of references which have personal knowledge of the applicant's work
ad merit

4. Any other information which has not been covered under the above heads.

V. Experience

No.	Post held, pay scale & basic pay	Name of employer/ Institution	Period		Experience		Nature of experience i.e. Research/Teaching/ Administration/ Field work	Subject taught for teaching experience only	Total emoluments drawn	Remarks Encl. No.
			From	To	Years	Months				

MS

Declaration:

Certified that the information furnished in this application are correct to the best of my knowledge and belief.

Date:

(Signature of applicant)

Forwarding note of the present employer

Name of forwarding authority

(Signature of forwarding authority

With seal)

Date:

No. of Encl. attached with the application:

Precis (To be filled in duplicate, A and B by candidate)

A.

Name:

Father's Name:.....

Name & Signature of candidate	Date of Birth	Exam Passed	Year	Pass %	GATE/GPAT/NET/JRF	Research publication (No.)		Ph.D. Guided		Teaching Experience (yrs)		Research Experience (Yrs)	
						Int. J	National Journal	Ph.D. awarded Under your supervision	Ph.D. in progress In your supervision	From	To	From	To

Ne

Area of Specialization													

Precis (To be filled in duplicate, A and B by candidate)

B.

Name:

Father's Name:.....

Name & Signature of candidate	Date of Birth	Exam Passed	Year	Pass %	GATE/GPAT/NET/JRF	Research publication (No.)		Ph.D. Guided		Teaching Experience (yrs)		Research Experience (Yrs)	
						Int. J	National Journal	Ph.D. awarded Under your supervision	Ph.D. in progress In your supervision	From	To	From	To

Area of Specialization													

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