University of Kalyani

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APPLICATION FORM FOR THE POST OF DIRECTOR (FULL TIME REGULAR),
Directorate of Open and Distance Learning (**DODL)**
(Please go through instructions given in the website carefully before filling-up the Application Form)

Employment Notification: Rect./DODL/Director/202____ **Dated: ___.___.2026**

Post applied for: - Director, Directorate of Open and Distance Learning (**DODL)**

To
The Registrar
University of Kalyani
Kalyani, Nadia

Sir/Madam,

In response to your Employment Notification: Rect./DODL/Director/2026**, Dated: __/__/2026, I do, hereby, apply for the post of as per the details mentioned above.**
My complete bio- data is furnished below.

1. **Name in full (in capital letters) Prof./Dr/Mr./Ms. .....**

2. **Date of Birth .....Age** (as on 01/01/2025)..... **Year..... Month**

3. **Father's Name .....**

4. **Marital Status .....**

5. **Mailing Address .....**

Pin Code-.....Tel No: ..... Mobile No .....E-mail: .....

6. **Permanent Address .....**

Pin Code-.....Tel No:..... Mobile No-.....E-mail- .....

7. **Gender: Male/Female/Others** 8. **Nationality: ... ...**

9. **State of Domicile: .....10. Religion .....**

11. Do you belong to SC/ST/OBC /PWD/General (Please tick the appropriate Category)(in case of PWD category, please tick PWD-OH/PWD-HH/PWD-VH) (Please attach attested photocopy of Certificate).

12. EDUCATIONAL QUALIFICATIONS:

SI. No.	Examination/Degree	Name of Board/ College/University	Percentage of Marks / Final Grade	Subjects	Year of Passing / Award
1	Secondary or its equivalent				
2	Higher Secondary or its equivalent				
3	Bachelor's Degree or its equivalent (Hons./Major) (B . A . / B . S c / B . C o m / o t h e r)				
4	Master's Degree or its equivalent (M.A./ M.Sc /M.Com / o t h e r)				
	Ph. D. /D.Sc./ D.Litt				
5	Any other				

Please attach separate sheet /s if required)

13. (a) Whether Ph.D Awarded (As per UGC Regulations): Yes / No . If yes, Date of Award• .....

Title of Ph.D Thesis (if awarded) .....

b) Area of Specialization at Master's Level: .....

.....

c) Whether qualified in UGC-JRF /NET /SLET/ SET: Yes / No. If yes, indicate the year .....

(d) Valid RCI Registration (applicable to Candidates applying for Department of Disability Studies)

RCI Registration No. Issued on .....Valid upto .....

14. Details of Employment: (In chronological order starting with the most recent)

SI. No.	Name of Employer	Status of Institute/ University (Govt./ Quasi-Govt./Autonomous etc.)	Post held / Designation		Period of Employment	Pay Scale, Grade Pay and Basic Salary Last Drawn
			From	To		

(Please attach separate sheet/s if required)

15. **Experience as Research Supervisor (both as Supervisor and Co-Supervisor)(Details** may be attached in separate sheet/s):

M. Phil **(a) Submitted** _____ **(b) Awarded**_____

Ph.D. **(a) Submitted** _____ **(b) Awarded**_____

D.Sc. **(a) Submitted** _____ **(b) Awarded**_____

D.Litt. **(a) Submitted** _____ **(b) Awarded**_____

16. Research Projects undertaken (other than that for a research degree):

Subject of Research	Period of Research	Fund Raised (in Rs)	No. of Research Assistant engaged	Under whose auspices

17. **Publications: (Give the number of publications):** (Please provide details in separate sheet/s)

	Published	Accepted for Publication
Books		
Research Papers/ Articles		

(Please provide details in separate sheet/s):

N.B. Please attach a separate sheet listing Items mentioned under each of the above-mentioned categories [SI. Nos. 16 and17]. In those cases where they have been published, please mention the title, the name of the publisher/ the name of the journal, the year of publication, whether written in collaboration, etc. In the absence of these details, the information furnished under this column will not be given any consideration.

18. Mention briefly your experience/activities under the following heads, including the positions held, if any:

(a) University administration:

(b) Professional Experiences of Open and Distance Learning and/or Online Learning**:**

19. Language Known : _____

i) Read:

ii) Write:-

iii) Speak :-

20. Name, Designation and Institutional Affiliation (if any), Address, Contact Number and E-mail ID of two Referees (Recommendations from two Referees, not related to the applicant, who are scholars closely acquainted with the applicant's academic training, accomplishments and capabilities.):

(i) .....

.....

(ii) .....

.....

Declaration:

I do, hereby, declare that the particulars/information furnished above are true and correct. Should any of the information / documents / statements turn out to be incorrect or false at any stage, I may be held responsible, the appointment, if offered to me, is liable to be terminated and action may be taken by the University against me as per rules.

Date: **Signature of the Applicant**

Note: Candidates are required to enclose:

a) Copies of Mark-Sheets & Certificates of Educational Qualification.
b) Documentary Evidence in favour of other items mentioned above.

List of Enclosures (Please tick the enclosures attached):

SI. No.	Check List	SI. No. of enclosure	No. of sheets
i.	Secondary or equivalent mark sheet & certificate		
ii.	Higher-Secondary or equivalent mark sheet & certificate		
iii.	B.A./ B.Sc./ B.Com /Others mark sheet & Certificate		
iv.	M.A./ M.Sc./ M.Com/ Others mark sheet & Certificate		
v.	M. Phil.		
vi.	Ph.D		
vii.	D.Litt., D.Sc		
viii.	NET, UGC-JRF, CSIR-JRF Award Certificate		
ix.	Caste Certificate issued by the Competent Authority (OBC/SC/ST)		
x.	PWD Certificate		
xi.	Experience certificates		
xii.	Recommendation letter(s)		
xiii.	Award (s)		
xiv.	Fellowship(s)		
xv.	Publication (s)		
xvi.	Any other (Please specify)		

Details of Bank Draft attached:

Bank Draft Dated **Bank Draft No .**

Bank Name **Branch**

Date **Signature of Candidate**