

FAKIR MOHAN UNIVERSITY

Vyasa Vihar, Nuapadhi, Balasore, Odisha, Pin- 756089 Phone: 06782-275787/Fax: 06782-275768 Email: registrarfmuniversity@gmail.com Website: www.fmuniversity.nic.in

No.Estt.(T)-II-27/2022/ 10673

Date:30.12.2022

Advertisement for appointment of Visiting/Emeritus/Practice Professors

appointment as Professors for retired invited from Applications are Visiting/Emeritus/Practice Professors in the P.G. Department of Bio-Science & Bio-Technology, Business Management, Social Science, Journalism & Mass Communication, Mathematics, Chemistry, Zoology, History and Archaeology and Commerce of F.M. University, Vyasa Vihar, Balasore for a period of 6 (six) months with a consolidated remuneration of Rs.75,000/- p.m. All other terms and conditions prescribed by U.G.C. as regards to qualification, selection criteria, duties and responsibilities are applicable in the above appointments. The retired professors, not attended the age of 65, so interested are required to submit their Bio-data in the prescribed Proforma available in F.M. University website https://fmuniversity.nic.in.

The applications must reach the undersigned on or before **07.01.2023** by Regd./ Speed post.

Registrar



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APPLICATION FORM FOR APPOINTMENT OF VISITING/EMERITUS/PRACTICE PROFESSORS IN DIFFERENT P.G. DEPARTMENTS OF FAKIR MOHAN UNIVERSITY

(The entries in this	form should be n	nade in English by the candidate)	рното
1.a) NAME OF THE SUBJECT A	APPLIED FOR	·	
1. b) Full Name of the Candidate in Block letters			
2. a) Date of Birth (In figure)	:		
(In words):			
b) Gender:			
c) Marital Status:			
d) Nationality:	•••••		
e) Category (SC/ST/GEN/PWD):		
3. a) Mother's Name :			
d) Any other language he/she can			
d) Any other language nershe can			
Read			
Write			
Speak			
4. Address:			
Present Address		Permanent Address	
Mobile/Telephone No:			
Email ID:			
5. Field of Specialization:			
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ii) M. Phil Stage			
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II) I	nternational journals (Po	eer reviewed):		
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	Chapter in books (With		,		
	tails of books authored/				
-	ISBN Number) and nar		thors:		
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i) M.					
ii) Ph					
iii)D.	Litt./D.Sc.				
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8. Me		candidate jo	oin the Post : ocieties or Accr		
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	e .		sor/Associate P	rofessor:	
10. Ot	her experiences / emplo	yments			
Sl. No.	Name of post / University / Institution	Date of joining	Date leaving	Salary (scale of pay and present basic pay)	Name & address of the employer
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11. Any other information in your support:

12. List of documents submitted with the application:

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Declaration

I, solemnly declare that the entries made in this form are true to the best of my knowledge and belief.

Date: Place:

Signature of the Candidate (in full)