



**SCHOOL OF PLANNING AND ARCHITECTURE**  
 An "Institution of National Importance" under an Act of Parliament  
 (Ministry of Education, Govt. of India)  
 4, Block-B, Indraprastha Estate, New Delhi – 110 002  
 Tel: 011-23702382–80, Fax: 011-23702383 [www.spa.ac.in](http://www.spa.ac.in)

**Engagement of Technical Manpower for**  
**CENTRE OF EXCELLENCE IN URBAN PLANNING AND DESIGN, MOHUA, GOVT. OF INDIA**  
**on contract basis**

**Application Form for \_\_\_\_\_ Positions**

For Office Purpose Only -

(Please type or write using BLOCK LETTERS)

Position Applied for

1 (a) पूरा नाम  
(हिन्दी में)


(b) Name in Full  
(In English)


(c) Married  Single

(d) Male  Female  Transgender

(e) Father's/ Spouse  
Name (strike one)


(f) Mother's Name


2. Address: Present


Permanent


Email

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Contact No.

Office																			
Res																			
Mobile																			

Please affix your recent passport size photograph  
(Self Attested)

3. Date of Birth: 

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 Day    Month    Year    4. Nationality 

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5. Present Employment:

Designation																		
Organization																		
Date of Joining																		
Scale of Pay in Rs.																		
Basic Pay in Rs.																		
Total emoluments (per month) in Rs.																		

6. Category 

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 (SC/ST/OBC/EWS)

(b). Are you PwD ?    Yes/No    

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(c). Please tick (✓) the sub category of PwD, and attach a certificate from competent authority for the same

Sub (a)	
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Sub (b)	
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Sub (c)	
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Sub (d)	
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7. Areas of your Specialization: .....

8. Current areas of your research/Professional Work: .....

9. (a). Academic record starting with graduation: (Please Attach copy of relevant certificate)

Degree (with specialisation)	College / University / Institute	Year of Graduating	Percentage/ Grade point*

\* Please attach authenticated conversion formula

10. If, you are a Ph.D. holder, please mention:

(i)	Title of Ph.D. thesis	
(ii)	Year of award of thesis	
(iii)	Name of University	
<b>OR</b>		
If you are claiming equivalence to Ph.D., then submit detail a portfolio and all research publications		Mention Annexure No.....

11. Employment (Particulars of your past position(s))

Employer's Name and address	Position held	Date of Joining	Date of Leaving	Pay with Scale of pay	Duties /Responsibilities

**12. Professional Training Received**

Organization where training was provided	Nature of Training	Year	Duration

**13. Membership/Registration of Professional Bodies**

Name of the Professional Body	Status of Membership/ Registration/ Associate/Fellow/Life/Annual etc.	Registration/Membership No.
COA ITPI IUDI ISOLA IUT IIA IIE Others : (Mention)		

**14 Publications in last 10 years (enclose separate list giving details)**

S.No.	Item	As main author	As co- author	Annexure No. of Detail of list
A	Books			
B	Chapters in Books			
C	Papers in International journals			
D	Papers in National journals			
E	Newspaper Articles			
F	Paper presented in International/ National Conference			



c) Professional development activities (such as organizing seminars, conferences, short term, training courses, talks, lectures, membership of associations, dissemination and general articles, etc.)

<b>Sl No.</b>	<b>Description</b>

**17. Names and addresses of three References** (at least one of them should be familiar with your recent work)

	1	2	3
Name			
Occupation or Position			
Address			
Fax			
E-mail			
Phone No			

**18. I hereby declare that I have carefully read and understood the instructions and particulars supplied by me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.**

There are attached  sheets along with this form, the list of which is enclosed with page No.

Date :

Place :

.....  
(Signature of Applicant)





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2. Address: Present

Permanent

Email

Contact No.	Office															
	Res															
	Mobile															

3. **Date of Birth**

Day			Month			Year			

4. **Nationality**

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5. **Present Employment:**

Designation																				
Organization																				
Date of Joining																				
Scale of Pay in Rs.																				
Basic Pay in Rs.																				
Total emoluments (per month) in Rs.																				

6. **Category**

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(SC/ST/OBC/EWS)

(a). Are you PwD ?

Yes/No

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(b). Please tick (✓) the sub category of PwD, and attach certificate from competent authority for the same

Sub (a)

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Sub (b)

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Sub (c)

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Sub (d)

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7. **Academic record starting with graduation:** (Please Attach copy of relevant certificate)

Degree (with specialisation)	College / University / Institute	Year of Graduating	Percentage/ Grade point*

\* Please attach authenticated conversion formula

8. **Employment details** (Particulars of your past position(s))

Employer's Name and address	Position held	Date of Joining	Date of Leaving	Pay with Scale of pay	Duties /Responsibilities

9. **Proficiency in Computer/ MS Word/ Excel/ Tally, Taxation/ Banking/ Routine Accounting etc.**

Sl No.	Description



**10. I hereby declare that I have carefully read and understood the instructions and particulars supplied by me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.**

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