

**CENTRAL SANSKRIT UNIVERSITY**  
Established by an Act of Parliament  
(Formerly Rashtriya Sanskrit Sansthan, Deemed to be University)  
Under Ministry of Education, Govt. of India,  
56-57, Institutional Area, Janakpuri, New Delhi-110058

**(Incomplete application shall not be entertained)**

**APPLICATION-FORM FOR APPOINTMENT AS SHASTRA CHUDAMANI SCHOLAR  
UNDER THE SCHEME OF UTILISATION OF SERVICES OF  
THE EMINENT ELDERLY SANSKRIT SCHOLARS FOR THE YEAR 2021-22**

1. Name and address of the scholar \_\_\_\_\_  
.....  
.....
2. Father's Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Educational qualifications :  
(Degree and onwards exam.)

No.	Name of Examination	Name of University	Year of Passing	Subject of specialization

5. Teaching Experience:

No.	Name of Instt	Classes Taught	Duration	Examination Year

6. Total Teaching experience :

Post-Graduate Classes.....

Years.....

7. Name of the University/Institute

.....

preferred by the scholar

.....

for work:

(Indicate their names in order of preference with complete address and Mob No.)

i)	Village	
ii)	Post Office	
iii)	Distt.	
iv)	State.	
v)	Pin code	
vi)	Phone no.	
vii)	Mob. No. *	
viii)	Email id. *	
ix)	Website, if any	

\* Mandatory

8. Specialization of Subjects to be taught : .....

9. Whether appointed previously, under ..... the scheme, if so the period.

10. Have you appointed as a Shastra Chudamani earlier. If yes Please give information

a) Name of the Institute .....

b) Period from .....to.....

11. Remarks, if any. : .....

12. Name and place of the bank on which amount to be transferred electronically

a. Bank Name : .....

b. Branch Name with code: .....

.....

c. Account No. : .....

d. IFSC Code: .....

(SIGNATURE OF THE SCHOLAR)

13. Recommendation of the Head of Mahavidyalaya/University/Department of Sanskrit as preferred under serial number 7.

### CERTIFICATE

Certified that Dr./Shri.....

S/o Sh..... is an eminent Sanskrit Scholar.

He may be considered for appointment as Shastra Chudamani Scholar in the University/ Institution.

Place :

\* Signature of the Head of the Institution with Office Seal.

Date :

Phone No. -

Self attested copy of the official id should be attached

**(The application should be submitted to Central Sanskrit University, New Delhi, on or before 31.08.2021)**

