



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/Instt./ :

.....

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 Sahstra 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

Note:-(The application form is to be submitted to Rashtriya Sanskrit Sansthan, New Delhi, Latest by 30.06.2018)

