

## UNIVERSITY GRANTS COMMISSION NATIONAL EDUCATIONAL TESTING (NET) BUREAU

DATE OF EXAM. : 27-12-2009

UGC National Eligibility Test for Junior Research Fellowship and Eligibility for Lectureship December, 2009
Proforma of Application (To be filled in duplicate and in Capital letters)
(All columns from 1 to 15 must be filled-in)

CLOSING DATE : 06-11-2009

## APPLICATION SENT DIRECTLY TO UGC WILL BE REJECTED

Important:

- 1) The candidates are advised to appear in the subject of their post-graduation only. The candidate whose post-graduation subject is not covered in the list of subjects given in item No. 9, may appear in a related subject.
- 2) Application Form duly completed and addressed to the Registrar of the University must be sent to the Test centre opted by the candidate.
- 3) The candidates must go through the guidelines, i.e., item No. 11 of the notification before filling up the Application Form.

		Roll Num	ber		To be	filled by		particu		ed by the candi	date have been		size Pho by the	ecent Pass otograph sig candidate sted by the H	gned and
		UNIVERS	ITY TEST CENT	RE				O-ORDIN Signatu				-	of the De or Class Officer	eptt. /Instituss I Gaze	ıtion
		Subject Centre (					Ol	FFICE SI	EAL					ER OR PIN)	)
1. W	rite '1' for JRFai '2' for Lectu		ip Both	'1'	ost Graduation for passed for appeari			rite (i	<ul><li>i) Subject of Post- Graduation</li></ul>						
3.	Subject opted	for NET			С	ode It	ee em [o. 9	4.	Cen	tre of Examinat	ion			Code	
	Ple	ase leave one	e box between wo	ords and do	o not prefix	Mr/Shr	i/Mrc/M	c /Micc/S	Smt /Km /Ku	ımari hefore v	nur name				
M	ame (as per Hr. Sec atriculation Certific a capital letters)	./	S DUA DEL WEER WY	nas and uc			1/ 1/11/3-/11/1	54/1/115/5/	7,1110,/	TO TOTAL TOT	July Hame.				
	Date of Birth (as in matriculation or certificate)		Day Mo	onth	Year		ii)	Age as o	n 01-12-2009	Year	Month	Days			
7. Se	'M' for Ma		8. Category:	GEN/SC/S	T/OBC		See Item No	. 11			lly Handicapped( ically Handicapped			See Item No. 11	

10.	i) Father's Name	S	I I	R I	I																													
	ii) Mother's Name	S	<b>M</b>	T																														
11.	Address for Communication (in capital letters) (Please do not repeat name here)																										P	ı	N					
12.	Permanent Address (in capital letters) (Please do not repeat name here)																									P	T	N	T	<del>-</del>	+			
13.	EDUCATIONAL QU	JALI	FIC	ATI(	ONS	(Ca	ndida	ite h	as to	fill	col.	(a, 1	b &d	l) eve	en if	Mas	ster's	s deg	gree	is n	ot co	mpl	eted)	)		<u> </u>			<del></del>	<u>+</u>	<del></del>			<u> </u>
I .	Examination Passed i.e. M.A./M.Sc./M.Com. etc. (a)			Name of University (b)			- 1					Subject Offered (d)			Specialisation (if any) (e)				1		Div./ Grade (f)		Marks Obtained (g)			Total Marks (h)		- 1	% of marks obtained (i)					
	Ph. D.																																	
14. Details of Bank Draft Name of the Bank					Issuing Branch									Draft Number Date				te of Issue Am			Amo	mount (Rs.)												
15. The State to which you belong						<u>'</u>	Name of the State																,	State Code			See Item							
i) ii) iii) iv) v) Place: Date:	I, information being four I fulfil all conditions o I have gone through th I have enclosed the de I have noted that if my	f eligit e cond mand o applio	oility litions draft o cation	regards attactoring attactorin	ect or ding a ched t uisite und in	any inge lire o NE amou	neligib nit, ed F and s int.	oility lucationshall	being onal c abide ive, th	detectualify by the base of the sar	nts me ted lication is an entre san	nade i pefore ons et me.	n this e or at c. pre	fter the scribe	cation e Tes ed for eted s	n are t, my the T	true, o candi est. arily a Mobi	idatur	e is l	iable respo	to be	canc	elled a	C	l actio	on may	y be ir		ted ag	ainst		of any		
`	OF THE INSTITUTION IN CA										RED	/ IS A	APPE.	ARIN	G IN	THE	FINA																	
M.A	ertify that the information git A./M.Sc./M.Com ne of the University to which the				Final	Year	Exam										h	as be	en c	heck	ed by	me me	and i	t is ce	rtified	that	the c	andi	date i	s ap	pearir	ng/has	app	eared in
Plac Date	ce:		50		10																					ame & ubber			e of R al.	egist	rar/Pr	incipa	ıl	



#### UGC - NATIONAL ELIGIBILITY TEST DECEMBER, 2009 ATTENDANCE SLIP FOR USE AT THE TEST CENTRE

### (TO BE KEPT WITH CO-ORDINATOR OF CENTRE FOR USE ON THE DAY OF EXAMINATION) (DATE OF TEST: 27<sup>th</sup> DECEMBER, 2009)

Roll No. to be filled by Centre	e			Affix recent Passport size Photograph signed by the candidate and duly attested by the Head of the Deptt./ Institution or Class-I Gazetted Officer
SUBJECT		SUE	BJECT CODE	( DO NOT USE STAPLER OR PIN )
Roll No. as shown on Admission				
To be filled by candidate	PAPER	TIMING		
during examination.	PAPER-I	09.30 A.M. TO 10.45 A.M.		
	PAPER-II	10.45 A.M. TO 12.00 NOON		
	PAPER-III	01.30 P.M. TO 04.00 P.M.		
				·
				Signature of
Signature of Candidate	e			Co-ordinator

**Note:** This attendance slip should be retained by the Co-ordinator and must be given to the invigilator for verification with Roll Number issued to the candidate.

\*The signature of the candidate should be taken on the day of examination.



# UGC - NATIONAL ELIGIBILITY TEST FOR JUNIOR RESEARCH FELLOWSHIP AND ELIGIBILITY FOR LECTURESHIP DECEMBER, 2009 ADMISSION CARD (PROVISIONAL)

Test Centre	Roll No. to be filled by the centre
Venue of Test	
(To be filled by the candidate)	
SubjectCode	
Name of the Candidate  Father's/Mother's Name  Address for Correspondence	Photograph signed by the candidate and duly attested by the Head of the Deptt./Institution or Class I Gazetted Officer
PIN	STAPLER OR PIN )
Date of Test : 27 <sup>th</sup> December, 2009 Timings Paper-I, Paper-II : 09.30 – 10.45 A.M., 10.45 A.M. – 12.00 NOON Paper-III : 01.30 P.M 04.00 P.M.	
NOTE (1) No TA will be paid for appearing in the Test. (2) Entry to the Examination Hall will not be allowed without this card.	SIGNATURE OF CO-ORDINATOR

(3) Cellular Phone, Satellite Phone, Pager etc. are not allowed in Examination Hall/Room.