

UNIVERSITY OF LADAKH

OFFICE OF THE RECTOR

Kargil Campus (Saliskote)

Email:kargilcampusuol@gamil.com Pin code: 194105

Advertisement Notice No: Kc/vol/Adv-project 24/5

Dated: 06/01/2024

Applications are invited from eligible candidates for the position of **Research Associate** in the **ICSSR Sponsored** Major Research Project entitled, "A **Comparative Study of Land Use Land Cover Change of Leh Town and Kargil Town from 1990 to 2022 using GIS & Remote Sensing Data**". The appointment will be purely on contractual basis. Interested candidates can apply for the same in the prescribed format provided in **Annexure I** (attached).

Position	Research Associate		
Duration	1 Year		
No. of Post	01		
Essential Qualification	Post-Graduate in social science discipline with minimum 55% of marks with NET/SET/SLET/MPhil/Ph.D.		
Desirable	Candidate with PG in Geography with remote sensing and GIS background		
Remuneration	Rs. 20,000/- Month (Consolidated)		
Last Date of Application	20 th January 2024		
Date of Interview	te of Interview 23 th January 2024		

Terms and Conditions:

Interested candidates may send their application form in *Pdf format* to the Project Director by email: mohdtaqigeo@gmail.com

- After screening the applications, the eligible candidates will be shortlisted and called for interview via email/mobile no. provided in the application form.
- Self-attested copies of degree(s)/ Certificates(s) and other documents along with original documents should bring at the time of interview.
- Experience certification including research, field and others if any.

For more details and clarification, please contact Project Director through email: <u>mohdtaqigeo@gmail.com</u> or via mobile: 8826726735/6006125024

Dr. Mohd Hadi

Project Director University of Ladakh

Kargil Campus

University of Ladakh

Annexure I

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APPLICATION FORM

	Full Name (IN BLOCK LETTERS (As mentioned in matriculation certified)		
2)	Faher's Name	:	Photograph
	Date of Birth (As mentioned in matriculation certified)	:cate)	
4)	Address	:	
5)	Email Id	:	
6)	Mobile No	:	
7)	Category	:	

8) Qualification (10th onwards):

S. No.	Examination	University /Board	Year of Passing	Name of the Institution	Percentage of Marks

9) Highest Qualification:

10) Whether qualified NET/SLET (yes/no): _____

Declaration:

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I certify that the information I have given on the application from are true and correct.

Signature of Candidate

1. N.