



6. Educational Qualification (commencing with Matriculation). Attach self-attested copies of Certificate (Originals to be produced when called for interview)

Sl. No	Examination passed	University/Board	Year of passing	Class/ Division/ CGPA	% of marks	Subject offered

7. Details of employment (beginning with the present post)

Office / Institution employed	Date of Joining	Date of leaving	Post held	Scale of pay with Grade Pay	Basic pay Rs.	Total Salary (Gross) Rs.

(Please enclose self - attested copies of certificates/proof in support of employment)  
 (\*please attach a separate sheet for job description)

8. (a) Do you fulfill the essential qualifications and experience as specified in the eligibility criteria:

**YES / NO**

(b) Are you fulfilling the Job requirement meant for the post applied?

**YES / NO**

9. If any other relevant particulars not covered in the above columns, please provide:

10. Are you an employee of Central / State Govt. / PSU / Autonomous or any other Govt. Body?

**YES / NO**

If YES, please provide details of the same.

11. Do you have a near relative among the staff of this University?

**YES / NO**

If **YES**, Please furnish the details in the table given below:

Name of the Person	Designation	Relationship with the candidate

12. Are you a member of any Professional body?

**YES / NO**

If **YES**, Please furnish the details.

13. Name &Address of two Referees.

(These should be persons resident in India and in case the candidate is in employment, he/she should give his/her most recent employer as one of the referee)

**REFEREE 1**

a) Name :  
Designation or Position :  
Present Address :  
Phone / Mobile No :  
Email ID :

**REFEREE 2**

b) Name :  
Designation or Position :  
Present Address :  
Phone / Mobile No :  
Email ID :

14. Time required for joining, if selected :

## CHECK LIST

1.	Self - attested 10 <sup>th</sup> , 12 <sup>th</sup> Marks statements	
2.	Self - attested UG, PG Degree Certificates	
3.	UG, PG Mark Statements & Degree Certificates	
4.	Community Certificate, if applicable	
5.	Disability Certificate, if applicable	
6.	Experience Certificates	
7.	Certificate from the present Employer, in case the candidate is in service	
8.	ACR / APAR copies	
9.	Any other certificates	

## **DECLARATION**

"I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. I am aware that, if at any time I am found to have concealed/distorted any material information, my appointment is liable to be summarily terminated without notice. Moreover, if any information is found incorrect/wrong, I shall be liable for action as decided by the University authority".

Place :  
Date :

Signature of the applicant  
Name in **BLOCK** letters

**FORWARDAL OF APPLICATION- THROUGH PROPER CHANNEL**  
**(APPLICABLE ONLY FOR IN SERVICE CANDIDATES)**

- 1) Sri/Smt./Dr \_\_\_\_\_ is a permanent / temporary employee of this organization holding the post of \_\_\_\_\_ w.e.f \_\_\_\_\_ which carries the pay (present Basic Pay with GP / AGP) \_\_\_\_\_ in the Pay Band \_\_\_\_\_ and his/her application is forwarded for consideration and necessary action. If selected, he/she will be relieved within 6 weeks of his/her selection.
- 2) The Date of birth, qualification and experience and other details furnished by Shri / Smt. / Dr \_\_\_\_\_ in application form have been verified and found correct as per service records available in this office. It is certified that Shri / Smt. / Dr \_\_\_\_\_ is fulfilling the essential qualification mentioned in the advertisement.
- 3) The integrity of Shri / Smt./ Dr \_\_\_\_\_ is beyond doubt.
- 4) No vigilance or disciplinary case is either pending or contemplated against the official concerned and also undertake to intimate if any, after forwarding of this application.
- 5) Copies of up-to-date ACR/APR dossier (for the last three years) of Shri / Smt. / Dr. \_\_\_\_\_ are enclosed or will be forwarded in due course. (Applicable for candidate applying on deputation only).

Signature of forwarding authority

Place:

Name & Designation :

Date:

OFFICE STAMP / SEAL