तमिलनाडु केन्द्रीय विश्वविद्यालय



(संसद द्वारा पारित अधिनियम २००१ के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009) नीलक्कुड़ी परिसर/Neelakudi

Campus,कंगलान्चेरी/Kangalancherry,तिरुवारूर/Thiruvarur - 610~005

APPLICATION FORMAT FOR NON TEACHING POST

(Use separate format for each post)

(Please read carefully the instructions given in the eligibility criteria before filling the format)

1.	Employment Notification No	:	CUTN/NT/05/2017								
2.	Post applied for	:		Paste a recent passport size photograph							
3.	Mode of application	:	Deputation								
4.	a) Name in full (in BLOCK letters)		:								
	b) Father's / Husband's Name		:								
	c) Whether belonging to (Please enclose attested copy of caste	e / disabili	: SC () ST () OBC () PWD () UR (billity proof certificate issued by the competent authority)								
	d) Religion		:								
	e) Place of birth		:								
	f) Date of birth (Christian era)		: <u>D D/ M M/ Y YYY</u>								
	g) Age (in years as on last date of receipt of application):										
	h) Gender (Male / Female / Transge	ender)	:								
5.	Address for Communication	1	:								
(with	Permanent address phone number and e-mail address	s) *	Address for corresponder address (with phone number an								
Email	id:										
Mobil	e No:										

^{*}Interview intimation will also be sent by e-mail, therefore candidates are advised to give the e-mail Id used by them regularly.

6.	Educational Qualification	n (commencing	with	Matriculation).	Attach	self-attested	copies
of Cer	tificate (Originals to be pro	oduced when ca	illed fo	or interview)			

SI. 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)

	` '	Do	you	fulfill	the	essential	qual	ifications	and	experience	as	specified	in	the	eligib	oility
criteria:																
													Υ	ES	/ 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. Body?		e you an employee o	f Central / State Govt.	/ F	PSU / Autonomous or any other Govt.				
If YES,	plea	ase provide details of the	same.		YES / NO				
11.	Do you have a near relative among the staff of this University? YES / NO								
	lf	YES, Please furnish the	he details in the table g	ive	n below:				
N	lame	e of the Person	Designation		Relationship with the candidate				
12.	Ar	e you a member of an	y Professional body?		YES / NO				
13.	Na (Th	YES, Please furnish that we will be a Meddress of two forms are should be persons result of the most recent employer.	Referees. sident in India and in case th	e c	andidate is in employment, he/she should give				
	RE	FEREE 1							
	a)	Name	:						
		Designation or Positi	ion :						
		Present Address	:						
		Phone / Mobile No	:						
		Email ID	:						
	REFEREE 2								
	b)	Name	:						
		Designation or Positi	ion :						
		Present Address	:						
		Phone / Mobile No	:						
		Email ID	:						
14.	Tir	me required for joining	g, if selected :						

CHECK LIST

1.	Self - attested 10 th , 12 th 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".

	Signature of the applicant
Place:	Name in BLOCK letters
Date :	

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

1)	Sri/Sm	t./Dr			is a	a permane	ent / tem	porary
empl	oyee	of	this	organization	holding	the	post	of
					w.e.f		which carr	ies the
pay	(present	Basic	Pay with	GP / AGP)		in	the Pay	Band
			and his	her application	is forwarded for	considerati	on and nec	essary
actio	n. If selec	cted, he/s	she will be r	elieved within 6	weeks of his/he	selection.		
2)	The D	Date of	birth, qual	ification and e	xperience and	other deta	ails furnish	ed by
Shri /	/ Smt. / D	r			in applicatior	n form have	been verifi	ed and
found	d correct	as per	service reco	ords available ii	n this office. It	is certified	that Shri /	Smt. /
Dr				is fulfilling	the essential q	ualification	mentioned	in the
adve	rtisement							
3)	The in	ntegrity	of Shri / S	imt./ Dr			is b	peyond
doub	ot.							
4)	No vig	ilance oi	r disciplinar	y case is either	pending or con	templated a	against the	official
conc	erned and	d also ur	ndertake to i	ntimate if any, a	fter forwarding o	of this applic	ation.	
5)	Copies	of up-to	o-date ACR	/APR dossier (for the last thre	e years) of	Shri / Sm	t. / Dr.
			ar	e enclosed or w	ill be forwarded	in due cour	se. (Applica	able for
cand	lidate app	lying on	deputation	only).				
					Signati	ure of forwa	rding autho	rity
Place	e:			Name	& Designation	:		
Date	:			OFFI	CE STAMP / SE	AL		