For Office use Application received date : / /20\_

Signature

Processing fee (Non-Refundable) for SC, ST, Handicapped - Rs.500 for other applicants - Rs.1000 (Processing Fee to be paid through D.D)

## HEMCHANDRACHARYA NORTH GUJARATUNIVERSITY, PATAN

Application form for the post of\_

Paste Recent Photo with Signature

Pay scale of Rs.	(Grade Pay)
------------------	-------------

(Note: Use a separate application form for each post. Application forms must be filled in by own handwriting. Filled in applications in TWO COPIES must be sent by Regd. A.D. only)

1.	Name of applicant :	
2.	(Surname) (1 Address:-	Name)(Father's/Husband's Name)
	(1) For correspondence:	(2) Permanent Address
	Pin:Ph:	Pin: Ph:
3.	Mobile Number:	4. PAN No. :
5.	E-mail:@	6. Adhaar No :
7.	Mother tongue:	8. Nationality:
9.	Date of birth:/ Age : Year _	Month
10. 11.	Category:- (Attach recognized certificate for the SC [ ] ST [ ] SEBC [ ] Hand Proficiency in language:	
	Language Writing	Reading Speaking
	(1)Gujarati	

## 12. Educational Qualifications:- (from S.S.C.)

Examination	Board / University	Year of Passing	Marks/Grade, Percentage	Main Subject	Remarks
S.S.C.					
H.S.C.					
Graduation :					
1 <sup>st</sup> Year					
2 <sup>nd</sup> Year					
3 <sup>rd</sup> Year					
4 <sup>th</sup> Year					
5 <sup>th</sup> Year					
Post- Gradation: 1 <sup>st</sup> Year					
2 <sup>nd</sup> Year					
3 <sup>rd</sup> Year					
M.Phil.					
Ph. D.					
Any other					

Attached self-attested photocopy of marks sheet & degree of each examination)

- 13. Other educational achievements: (Award, Prize, Medal, etc.)
- 14. Proficiency in Computer (Give details)
- 15. Details of experience:

Name of the Institution/ Organisation	Designation	Pay scale and basic pay as on application date, Grade pay	Duration	Remarks

(Attach above all appointment Order)

16. Educational Experience:

(a) Graduation Level

- Year \_\_\_\_\_

- (b) Post-graduation Level Year \_\_\_\_\_
- (c) Research/Extension Year
- (d) M.Phil./Ph.D. guidance Year \_\_\_\_\_

(Give details in a separate sheet)

17. Please give name, address and contact number of two persons for reference.

	(1)		(2)	
	Ph	one Number :	_	Phone Number:
	Mo	bile Number :		Mobile Number:
	En	ail Address :		Email Address :
8.	De	tails of attachments: (Attach self-atte	ested Xe	rox copies)
	(1)	Proof of Date of Birth.		
	(2)	Certificate of SC/ST/SEBC/Handic	apped. I	n Case of SEBC, Valid Non Creamy layer Certificate
		should be attached.		
		Certificate No Dat	te of Issu	e of Certificate

- (3) Proofs of Educational qualifications.
- (4) Experience certificates.
- (5) Others.

1

19. Other information.

## CERTIFICATE

I hereby declare that the information given in the application is true according to my knowledge and belief. I have not given any wrong or incomplete information. I know that in case of any false information is found on my part after my appointment, my service is liable to be terminated without any notice. I have read the instructions given along with the application form and understood the same and I am abide by it.

Date / /20\_\_\_\_\_ Place \_\_\_\_\_

(Signature of the applicant)

## (For use of Applicants in Employment)

Forwarded with the remarks that the above statements made by the applicant are correct to the best of my knowledge and belief, and this institution / organization has no objection to the candidature of the applicant being considered for the post applied for.

Date / /20\_\_\_\_\_ Place: \_\_\_\_\_\_

	_
Head of the Institution	
Designation	
Address	
Phone Number	
Mobile No	
Email address	