

For Office use

Application received date . ___ / ___ /20__

Signature



**HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY,
PATAN**

Application form (Last date of receipt of the application form:- / /20__)

Name of the post applied for :- _____

Advertise No. ___/20__ .Self Finance/Fix Pay _____

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

(Note: Use a separate application form for each post. Application forms must be filled up by own handwriting.

Paste Recent
Photo
with Signature

1. Name of applicant : _____
(Surname) (Name) (Father's/Husband's Name)
2. Address:-
(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. Category:- (Attach recognized certificate for the reserved candidates)
SC [] ST [] SEBC [] Handicapped [] Others []
11. Proficiency in language:
Language Writing Reading Speaking
(1)Gujarati _____
(2)_____ _____
(3)_____ _____
(4)_____ _____

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

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

Examination	Board / University	Year of Passing	Marks/Grade, Percentage	Main Subject	Remarks
S.S.C.					
H.S.C.					
Graduation : _____					
1 st Year					
2 nd Year					
3 rd Year					
Post-Graduation _____					
1 st Year					
2 nd Year					
3 rd Year					

13. Other educational achievements: (Award, Prize, Medal, etc.)

14. Proficiency in Computer (Give details)

15. Details of UGC/CSIR or similarly recognized / NET/ SLET exam, if passed.

Year of examination passed: _____ Reg. No. _____

16. Details of experience:

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

(Attach above all appointment Order)

17. 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)

18. Details of Publication and Research work:

S.No.	Title	Year of Publication	Publisher	ISBN / ISSN No.	Remarks

(Please use separate sheet if needed)

19. Details of Seminar / Workshop / Orientation / Refresher Course:

S.No.	Name of Institution	Programme	Duration	Whether paper submitted	Category State / National / International

(Please use separate sheet if needed)

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

(1) _____ (2) _____

Phone Number :- _____

Phone Number:- _____

Mobile Number :- _____

Mobile Number:- _____

Email Address :- _____

Email Address :- _____

21. Details of attachments: (Attach self-attested Xerox copies)
- (1) Proof of Date of Birth.
 - (2) Certificate of SC/ST/SEBC/Handicapped. In Case of SEBC, Valid Non Creamy layer Certificate should be attached.
Certificate No. _____ Date of Issue of Certificate _____
 - (3) Proofs of Educational qualifications.
 - (4) Experience certificates– If your teaching experience is in a Self Finance Institution, please submit copy of approval of your appointment / profile of the concerned University.
 - (5) NET / SLET examination pass certificate
 - (6) Details of guidance to M.Phil./Ph.D. category students.
 - (7) M.Phil. / Ph.D., Thesis, Titles of Publications.
 - (8) Details of Seminars / Workshops / Orientation programme / Refresher Course.
 - (9) For position of Professor & Associate Professor : Mandatory requirement API Score sheet with Cap.
 - (10) Others.
22. Other information.
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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 _____