

Application Form for the post of Deputy Director (On Deputation Basis)

(For office use only)

Application No.

Eligible: (Yes / No)

If not Eligible, reason thereof:

.....

1.

2.

3.

(Signatures of Screening Committee Members)

Paste your recent
passport size
photograph here
and sign across the
photo so that part
of signature should
be on form

1	Name (In Capital Letters)	First Name			Middle Name	Surname		
2	Date of birth	Day	Month	Year	Age as on last date of advertisement	Years	Months	Days
3	Place of birth	City/Village			State	Country		
4	Mother's Name							
5	Father's Name							
6	Aadhar No.							
7	Address	Correspondence				Permanent		
		City: District: State: Pin Code: Mobile: Email:				City: District: State: Pin Code: Mobile: Email:		
8	Nationality							
9	Sex	Male/ Female: _____						
10	Category (Please strike out whichever options are not applicable)	UR/OBC/SC/ST/EWS: _____						
		Sl. No. of proof enclosed (if belongs to Reserved Category): _____						
11	Marital status	Married/Unmarried/Divorced: _____						
		If married, name of spouse _____						

12. Educational Qualifications *(Attach additional pages, if required)*

	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicate equivalent to CGPA)	Subjects studied	Sr. No. of proof of enclosure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed	Name of Course/Subject				Roll No.		Year	Sr. No. of Proof of enclosure

13. Chronological list of Experience *(starting from current position/ employment)*

* Please mention Permanent/Regular appointment experience candidates only (Not Contractual or Adhoc or Outsourced)

Designation	Name & address of employer	Period of Experience				Nature of work/ duties	Sr. No. of proof of enclosure
		From	To	Pay Scale As per 7th CPC, GoI	No. of Years/ Months (As on last date of advertisement)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

* (Add separate sheet if required, to be annexed at relevant S. No.)

* Please mention above Permanent / Regular appointment experience candidates only (Not Contractual or Adhoc or Outsourced)

14. Nature of Experience

	No. of Years	No. of Months	No. of Days	Sr. No. of proof of enclosure
a) Teaching				
b) Administrative				
c) Research				
d) Other experience, if any				
Total Experience				

15. Have you ever been punished during your studies at College/University? (Yes/No) :
16. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
17. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :
18. Do you have any case pending against you in any court of law? (Yes/No) :
19. **Any other information/qualification relevant to the post applied for:**

20. Declaration

I, _____ son/daughter of _____ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility being detected before or after the Selection Committee, my candidature/appointment may be cancelled by the University.

I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

*Name as signed (in BLOCK LETTER)

Date: _____

**Application not signed by the candidate is liable to be rejected*

21. Endorsement by the EMPLOYER

Certificate of Verification by the Employer

1. The entries made in application of Dr./ Sh./ Smt./ Km
for the post ofhave been duly verified from the records
and all entries are found correct. He / She is working on the post of at level
.....7th CPC, Government of India.
2. There is no vigilance/disciplinary/criminal case pending against him/her.
3. Whether any Minor/Major penalties under CCS (CCA) rules, 1965 have been imposed during the
last ten years on him / her – Yes / No.

If Yes give details.....
4. Certified that the work and conduct of Dr./Shri/Smt./Km. is
.....(Good/Average/Satisfactory/Unsatisfactory)during the last five
years.
5. The gist of APAR/ACR grading for the preceding five years is as follows:-

Year →					
Grading by Reporting Officer →					
Grading by Reviewing Officer →					

Office File/ Ref. No.

Encl. APARs for the preceding five years

Signature:

Name:

Designation with office seal

Office Seal

Date:

**Note-In service candidate should get the above endorsement signed by his/her present forwarding
authority/ Head of the Organization/ Cadre Controlling Authority.**

Please tick the enclosures attached:

Sl.	Check List	Sr. No. of enclosure	No. of Sheets
1.	Matric/Secondary/High School (10 th Class) Marks Sheet		
2.	Matric/Secondary/High School (10 th Class) Certificate		
3.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet		
4.	Sr. Secondary/Intermediate (12 th Class) School Certificate		
5.	Bachelor's Degree Final Year Marks Sheet		
6.	Bachelors' Degree		
7.	Master's Degree Final Year Marks Sheet		
8.	Master's Degree		
9.	Any other Qualification		
10.	Caste Certificate issued by the Competent Authority		
11.	Experience Certificate(s) from previous employer(s)		
12.	Endorsement from the present employer		
13.	Proof of Identity (Aadhar Card / Voter Card)		
14.	Any other		

Total number of sheets enclosed_____ (please give sequential number to each sheet and signature with date).

Date:

Place:

Signature of the Applicant