



# DR. HARISINGH GOUR VISHWA VIDYALAYA

(A Central University)

SAGAR - 470 003, (M.P.), INDIA

Tele. : +91-7582-265228, E-mail: rcell.su@gmail.com

Website: www.dhsgsu.ac.in

Advt. No. : R/A-NT/2017/01

Dated: 27/01/2017

## APPLICATION FORM FOR NON-TEACHING POSITIONS

Last date of submission of Application Form **15/03/2017**

Fees details: **Power Jyoti Challan No.** \_\_\_\_\_ **Dated** \_\_\_\_\_ **Rs.** \_\_\_\_\_

Post Applied For \_\_\_\_\_ **Post Code** \_\_\_\_\_

Affix recent  
Passport Size  
Photograph with  
Signature

### 1. Personal Details:

<b>Name (In Capital Letters)</b>	<b>English</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>		
	<b>Hindi</b>					
<b>Date of Birth</b>	Day	Month	Year	Age as on closing date of advt.	Years	Month
<b>Father's Name</b>	<b>English</b>					
	<b>Hindi</b>					
<b>Mother' Name</b>	<b>English</b>					
	<b>Hindi</b>					
<b>Religion</b>		<b>Nationality</b>				
<b>Sex</b> (Tick, whichever is applicable)	<b>Category/Community</b> (Tick, whichever is applicable)		<b>Marital Status</b> (Tick, whichever is applicable)			
<input type="checkbox"/> Male	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> Married			
<input type="checkbox"/> Female	<input type="checkbox"/> OBC	<input type="checkbox"/> Gen	<input type="checkbox"/> Unmarried			
If physically disabled indicate the relevant particulars	<b>Type of Disability</b>			<b>Percentage of Disability</b>		
Blindness or Low Vision						
Hearing Impairment						
Locomotors disability or Cerebral palsy (includes all cases of Orthopaedically Handicapped)						
Present Postal Address with Pin Code						
E-mail						
Mobile No.						

Permanent Postal Address with Pin Code	
E-mail	
Mobile No.	

**2. Educational Qualifications (attach additional pages if required):**

Name of Qualification	Name of the Course	Name of the Board/ University	Month & Year Passed	Division	% of marks	Aggregate Marks	CGPA (if grading is application)	Subject studies
10 <sup>th</sup> class/ Equivalent								
12 <sup>th</sup> class/ Equivalent								
Bachelor's Degree								
Master's Degree								
M. Phil/ Equivalent								
Ph.D.								

Other Qualifications, if any:	
-------------------------------	--

Competence in use of Computer:	
--------------------------------	--

**3. Working Experience in ascending order (including current position/Employment)**

Designation & Pay Band/ Pay Scale	Name of the Institution/ organization	Nature of employment (Permanent/ Temporary/ Contract/ Others (Specify)	Duration		No. of Years/ Months (as on last day of adv.)	Nature of Work/Duties
			From	Upto		

**4. Membership in Professional Bodies**

Name of Organization	Annual Membership	Life Membership	Membership No.

**5. Details of Training Programme Attended:**

Name of Programme	Year	Duration (in days)	Organising Institution

**6. References: Please provide names of three persons who are not related to you and are familiar with your work/professional experience/accomplishment.**

	01	02	03
<b>Name &amp; Complete Postal Address</b>			
E-mail			
Mobile No.			
Phone (with STD code)			
Fax.			

**7. Statement about proposed Professional activity (in about 100 words). If selected, how you would like to develop your department and your area of interest:**

<p><b>8. Are you willing to accept the minimum initial pay in the grade? If not state reasons for claiming higher starting pay</b></p>	
--	--

<p><b>9. Have you ever been punished during your service or convicted by a court of Law?</b></p> <p><b>10. Do you have any case pending against you in any court of Law?</b></p>	
--	--

<p><b>11. Total No. of self attested testimonials attached</b> (Applications without self attested testimonials will not be entertained)</p>	
--	--

<p><b>12. DECLARATION</b></p>	
<p>I _____ S/o, D/o, _____ 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 being found false or incorrect or ineligibility being detected in future at any stage, my candidature/appointment may be cancelled by the University.</p>	
<p>Place: Date:</p>	<p><b>Signature of the Candidate</b></p>
<p><b>Name in Block Letters</b> <b>(Application not signed by the candidate is liable to be rejected)</b></p>	

### **13. Endorsement by Employer**

#### **Forwarded to Dr. Harisingh Gour Vishwavidyalaya, Sagar - 470003**

(In case of in-service candidates, whether in permanent / contract / temporary capacity, the application must be endorsed / forwarded by the Head of the Department / Employer. Otherwise the application is liable to be rejected.)

The applicant Dr./Mr./Mrs/Ms. \_\_\_\_\_, who has submitted this application for the post of \_\_\_\_\_ in Dr. Harisingh Gour Vishwavidyalaya, Sagar, (M.P.), has been working in this organization namely \_\_\_\_\_ in the post of \_\_\_\_\_ in a temporary / contract/ permanent capacity with effect from \_\_\_\_\_ in the Scale of Pay / Pay Band of \_\_\_\_\_. He / She is drawing a basic pay of \_\_\_\_\_ His / Her next increment is due on \_\_\_\_\_.

Further, it is Certified that no vigilance case or disciplinary proceedings or criminal proceeding is either pending or contemplated against the said applicant. There is no objection for his/her application being considered by Dr. Harisingh Gour Vishwavidyalaya, Sagar (M.P.).

(Signature of the forwarding officer)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Seal)

<b>14. Checklist of Documents Enclosed:</b>		
<b>S. No.</b>	<b>Documents</b>	<b>Tick (✓)</b>
1.	Matric/Secondary/High School (10 <sup>th</sup> Class) Marks Sheet	
2.	Matric/Secondary/High School (10 <sup>th</sup> Class) Certificate	
3.	Sr. Secondary/Intermediate (12 <sup>th</sup> Class) Marks Sheet	
4.	Sr. Secondary/Intermediate (12 <sup>th</sup> Class) Certificate	
5.	Bachelor's Degree Marks Sheet	
6.	Bachelor's Degree	
7.	Master's Degree Marks Sheet	
8.	Master's Degree	
9.	M. Phil. Marks Sheet	
10.	M. Phil. Degree	
11.	Ph. D. Degree	
12.	Experience Certificate(s) from previous employers	
13.	Endorsement from the present employer	
14.	SC/ST/OBC/PWD Certificate	
15.	Others, if any:	

**Note:** List of Documents be checked & ticked properly. Any lapse on this account is liable for rejection of your form.