



DR. HARISINGH GOUR VISHWAVIDYALAYA

(A Central University)

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

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Advt. No. : R/A-NT/2017/02

Dated: 25/07/2017

APPLICATION FORM FOR NON-TEACHING POSITIONS

Last date of submission of Application Form 08/09/2017

Fees details: Online Receipt No. _____ Dated _____ Rs. _____

Post Applied For _____ Post Code _____

Affix recent
Passport Size
Photograph with
Signature

1. Personal Details:

Name (In Capital Letters)	English	First Name			Middle Name	Surname	
	Hindi						
Date of Birth	Day	Month	Year	Age as on closing date of advt.	Years	Month	
Father's Name	English						
	Hindi						
Mother' Name	English						
	Hindi						
Religion	Nationality						
Sex (Tick, whichever is applicable)	Category/Community (Tick, whichever is applicable)			Marital Status (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	Type of Disability			Percentage of Disability			
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 th class/ Equivalent								
12 th class/ Equivalent								
Bachelor's Degree								
Master's Degree								
M. Phil/ Equivalent								
Ph.D.								

Other Qualifications, if any:	
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Competence in use of Computer:	
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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. Details of Production experience: (Applicable for the post of Director and Producer EMMRC)

a) Number of Video Programmes/ Films produced/contributed in the production of _____ programme as on date:

b) In what capacity you have contributed to the programme productions:

In the capacity of	Number of programmes
Producer	
Director	
Researcher	
Camera Person	
Others	

c) Nature and number of programmes produced:

Nature of programmes	Number of programmes
Educational	
Social	
Public Service	
Sports	
Culture	
Corporate	
Others	

7. 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
Name & Complete Postal Address			
E-mail			
Mobile No.			
Phone (with STD code)			
Fax.			

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

9. Are you willing to accept the minimum initial pay in the grade? If not state reasons for claiming higher starting pay

10. Have you ever been punished during your service or convicted by a court of Law?

11. Do you have any case pending against you in any court Law?

12. **Total No. of self attested testimonials attached**
(Applications without self attested testimonials will not be entertained)

13. DECLARATION

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.

Place:
Date:

Signature of the Candidate

Name in Block Letters
(Application not signed by the candidate is liable to be rejected)

14. 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.). In the event of selection, he will be relieved at the earliest.

(Signature of the forwarding officer)

Name: _____

Designation: _____

Place: _____

Date: _____

(Seal)

15. Checklist of Documents Enclosed:		
S. No.	Documents	Tick (ii)
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) Certificate	
5.	Bachelor's Degree Marks Sheet	
6.	Bachelor's Degree certificate	
7.	Master's Degree Marks Sheet	
8.	Master's Degree certificate	
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.	Online Payment Receipt	
16.	Others, if any:	

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