

Application No.:.....
(To be filled by GMU)

**APPLICATION FORM FOR ADMINISTRATIVE
(NON-TEACHING) POSITION(S)**

(Note: Please go through the Advertisement, Essential and Desirable Qualifications, General Conditions and Other Details given on the website www.gmu.edu.in carefully before filling-up the Application Form)

Post applied for (as given in advertisement):.....

SECTION – A: GENERAL

1. Full Name (In Block Letters): Dr./Mr./Mrs./Ms.

2. Date of Birth: (In words).....

3. Father's/Spouse's Name:.....

4. Mailing Address:

.....

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.....Pin Code

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Tel. No (with STD code):Mobile :

E-mail ID:.....

5. Permanent Address:.....

.....

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..... Pin Code

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6. Marital Status:.....

7. Nationality:.....

8. Category: SC/ST/General.....

9. Physical disability, if any:

.....

Name of the Applicant:-

Signature with date:-

Affix here a
Recent Passport
size
Photograph

SECTION B:

CATEGORY I: TEACHING, LEARNING AND EVALUATION RELATION ACTIVITIES

10. Educational Qualifications (Use separate sheet if required):

S. No.	Examination/Degree	Name of Board/ University	Percentage of Marks/Final Grade	Subject(s)	Year of Passing
1	SSC (10 th Standard)				
2	HSC (12 th Standard)				
3	Bachelor's Degree (.....)				
4	Master's Degree (.....)				
5					
6					
7					

(Please attach self-attested photocopies of the marksheet in support)

11. Whether Ph.D. awarded: Yes ☐ No ☐ If Yes, indicate the year of award.....

12. Title of Ph.D. thesis awarded.....

13. Whether qualified CSIR/ UGC NET/SLET/SET Yes ☐ No ☐

(If yes, indicate the year, and attach a photocopy of NET/SLET/SET certificate).....

14. Details of Employment Experience: (In chronological order starting with the most recent) :
(Attach supporting document of each entry and use separate sheet if necessary)

S. No.	Name of the Employer	Designation and Scale of Pay	Nature of Appointment (Ad hoc/Temporary/ Contract/Permanent)	Experience (In Years, Months, Days)
1				
2				
3				
4				
5				

Name of the Applicant:- _____

Signature with date:- _____

Total Experience: Year(s).....Month(s).....Day(s).....

15. Contribution in organizing Training Course/Conference/Seminar/Workshop (If Any) :

S. No.	Particular	Institution
1		
2		
3		
4		

16. Participation in Training Course/Conference/Seminar/ Workshop (If Any) :

S. No.	Particular	Institution
1		
2		
3		
4		

CATEGORY II: OTHER MISCELLANEOUS INFORMATION(S)

17. (a) Other activities/Institutional Responsibilities including membership of institutional Committees:

- (b) Any other relevant information, if not given above:

Name of the Applicant:- _____
Signature with date:- _____

18. (a) Have you been punished during your service or convicted by a Court of Law/ Organization? If so, give details:

- (b) Is any case/inquiry pending against you in any Court of Law/ Organization? If yes, give details:

- (c) Have you at any time been declared medically unfit or asked to submit your resignation or discharged or dismissed on medical grounds? If yes, give details sheet:

19. Names and Addresses of Two Referees (not related to you) with phone and email ID:

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20. List of Enclosures: (Should be properly marked with annexure number, and use separate sheet if required)

Yes/No	Total No.	Annexure No.	
			(a) Copy of Marksheet(s) & certificate of educational Qualification
			(b) Copy of Experience Certificate(s)
			(c) Other Certificate(s)

Name of the Applicant:- _____

Signature with date:- _____

21. Fees

Amount:..... Demand Draft No.:..... Date:.....

Drawn On:..... (Name of the Bank)

22. DECLARATION TO BE SIGNED BY THE CANDIDATE:

I hereby, declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall be liable to summarily rejection/termination without notice or compensation.

I hereby declare that I possess the minimum qualification criteria for the post applied as per the advertisement.

Date: _____

Place: _____

(Signature of the Applicant)

For use of applicant in employment (Certificate to be given by the present employer of the applicant).

Forwarded with the remarks that Mr./Ms. _____ is working in this organization in the capacity as _____ from _____ to _____ in pay scale _____ and grade pay _____. The institution/ organization has no objection to the candidature of the applicant being considered for the post applied for as above.

He/ She will be relived as per the rules, if is selected for the said post.

Place: _____

Date: _____

Fax: _____

E-mail: _____

Signature of Head/Registrar of the Institution

Name: _____

Designation: _____

Address: _____

(Office Stamp)

Name of the Applicant:- _____

Signature with date:- _____