

Pt. B.D.Sharma University of Health Sciences, Rohtak

(APPLICATION FORM FOR NON-TEACHING POSTS)

Adv	Advt. No Post Sr. No Category											Affix self attested										
Naı	Name of Post applied for										Passport size											
1.												photograph										
																			7		L	Simulations of Coundidate
																	<u> </u>	1			3	Signature of Candida
2.	Fa	the	r's N	lame	e (in	сар	ital	lette	ers a	s giv	ven	in 10	O th C	ertif	icate	e)						
3.	M	othe	er's	Nam	ne (i	n ca	pita	l leti	ters	as g	iven	in 1	LO th	Certi	ifica	te)						
4.	Da	ate o	of Bi	rth:		Date	_ N	/lont	th]	Yea	ars]									
5.	Ag	ge o	n th	e las	t da	te o	f re	ceip	t of	арр	licat	tion										
	Ye	ars		Mor	nths			ays]													
6.	Se	x:		Mal	— e/Fe	emal	e/Tı	ans	gen	der												
7.	Ar	e yo	ou d	omi	cile (of H	arya	ına:	ΥI	ES/N	10]								
8.	N	atio	nali	ty:	_																	
9.	Co	mp	lete	Cor	resp	ond	enc	e/Pe	erma	anei	nt a	ddre	ess, i	n Bl	ock	Lett	ers					
	Co	rres	spon	den	ce a	ddre	ess:															
	Pin Code:_																					
	Pe	rma	nen	t ad	dres	ss: _																
																		Pi	in C	ode:		
	Email ID:Mobile :																					

10.	Educational	&	Professional	C	Qualifications:-
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Educational	Name of	Year of	Marks	Total	% age	Division	Subject
Qualification	University/Board	Passing	Obtained	Marks			
10 th or Equivalent							
10+2 or Equivalent							
Graduation or							
Equivalent							
Post Graduation							
or Equivalent							
Professional							
Diploma/ Degree							
Any other							
Professional/							
Educational							
Qualification							

11. Experience if any:

Sr. No.	Post held	Name of the Organization/ department	From	То	Total Experience	Reason for leaving
1.						
2.						
3.						
4.						
5.						

	5.				
12.	Extra Curricular activities if any please	e tick: 🗸			
	Blood Donation NCC	NSS	Any Other		
	Sports: District Level State Level Unive	rsity Level	National Level	Internation	nal Level
13.	Whether the applicant:				
	(a) Is widow: Yes/No				
	(b) Is Orphan: Yes/No				
	(c) Is belonging to: SC/BC-A/BC-B/P.H	H./ESP/De-notifi	ed Tribe/Nomac	lic Tribe,	
	If yes, please indicate the category	to which belor	ngs:		

	(d) Is the applicant th	ne first or the second child and his father had died be	efore attaining the
	age of 42 years: Y	'es/No	
	(e) Is the applicant, the	he first or the second child and his father had died bo	efore the applicant
	had attained the a	age of 15 years: Yes/No	
	(Note: If yes, pleas	se attach relevant certificate issued by the compete	ent authority.)
14.	Physical Identification	n Mark:	
15.	List of documents atta	ached with this application form:	
	i)	ii)	
		iv)	
		vi)	
		viii)	
	ix)	x)	
16.	Declaration:		
	I hereby declare that:	<u>-</u>	
1.	All statements made	in this application form are true, complete and cor	rect to the best of my
	knowledge and belie	ef. In the event of any information being found	false or incorrect, or
	ineligibility being det	ected before or after interview/appointment/selected	ction, my candidature
	may be cancelled and	action can be taken against me.	
2.	I have gone through	the advertisement, General Terms& Conditions and	l I shall abide by all of
	these.		
3.	I have applied only on	ne category.	
		Signa	ature of the Candidate
	Place:	— Г	
	Date:	Thumb Impression of the Candidate	