

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

(APPLICATION FORM FOR NON-TEACHING POSTS)

Adv	rt. No Post Sr. No	Category Affix self at	tested
Nai	ne of Post applied for		ze
Dei	nand Draft No Dt		1
1.	Candidate's Name (in capital letters as given	in 10 th Certificate)	
		Signature of	Candidate
2.	Father's Name (in capital letters as given in 1	.0 th Certificate)	
3.	Mother's Name (in capital letters as given in	10 th Certificate)	
4.	Date of Birth: Date Month Years		
5.	Age on the last date of receipt of application Years Months Days Image: Construction of the last date of receipt of application Image: Construction of the last date of	n	
6.	Sex: Male/Female/Transgender		
7.	Are you domicile of Haryana: YES/NO		
8.	Nationality:	_	
9.	Complete Correspondence/Permanent addr	ess, in Block Letters	
	Correspondence address:		
		Pin Code:	
	Permanent address:		
		Pin Code:	
	Email ID:	Mobile :	

10. Educational & Professional Qualifications:-

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.						

12.	Extra Curricular	activities if any	v please tick: 🗸		
	Blood Donation	NCC	NSS	Any Other	
	Sports: District Level	State Level	University Level	National Level	International Level

13. Whether the applicant:

(a) Is widow: Yes/No

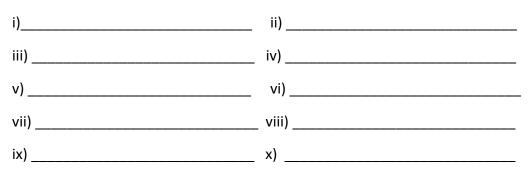
- (b) Is Orphan: Yes/No
- (c) Is belonging to: SC/BC-A/BC-B/P.H./ESP/De-notified Tribe/Nomadic Tribe,

If yes, please indicate the category to which belongs: _____

- (d) Is the applicant the first or the second child and his father had died before attaining the age of 42 years: **Yes/No**
- (e) Is the applicant, the first or the second child and his father had died before the applicant had attained the age of 15 years: Yes/No

(Note: If yes, please attach relevant certificate issued by the competent authority.)

- 14. Physical Identification Mark:_____
- 15. List of documents attached with this application form:



16. Declaration:

I hereby declare that:-

- All statements made in this application form 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 before or after interview/appointment/selection, my candidature may be cancelled and action can be taken against me.
- I have gone through the advertisement, General Terms& Conditions and I shall abide by all of these.
- **3.** I have applied only one category.

Signature of the Candidate

Place:	 	
Date:		

Thumb Impression of the Candidate