

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

## (APPLICATION FORM FOR NON-TEACHING POSTS)

Advt. No Post Sr. No Category									Affix self attested												
Nai	Name of Post applied for									Passport size											
Dei	Demand Draft/University Receipt No Dt Dt										photograph										
1.	Ca	andi	date	e's N	ame	e (in	сар	ital I	lette	ers a	as gi	iven	in 1	O <sup>th</sup> C	ertif	icat	e)				
	Candidate's Name (in capital letters as given in 10 <sup>th</sup> Certificate)										Signature of Candidat										
																			] ] 1		
2.	Fa	the	r's N	lamo	e (in	сар	ital	lette	ers a	as gi	ven	in 1	.0 <sup>th</sup> (	Certi	ficat	e)					
			_						1				- 46			<u> </u>	1	ı	l		
3.	M	loth	er's	Nan	ne (i	n ca	pita	l let	ters	as g	give	n in	10 <sup>tn</sup>	Cert	tifica	ite)					
4.	Da	ate d	of Bi	rth:	[	Date	: <b>N</b>	/lon	th	Yea	ars										
5.		ge o	n th		nths			<b>ceip</b> Days		арр	olica	atior	1								
6.	Se	ex:		Mal	e/Fe	emal	e/Tı	rans	gen	der											
7.	Ar	re yo	ou d	omi	cile (	of H	arya	ana:	Υ	ES/I	OV										
8.	N	latio	nali	ty:	_								_								
9.	Complete Correspondence/Permanent address, in Block Letters  Correspondence address:																				
																		 Pir	n Co	de:	
	Pe	erma	nen	it ad	dres	ss: _															
																		Pir	n Co	de:	
	En	nail	ID:												Mob						

10.	<b>Educational</b>	&	<b>Professional</b>	C	<b>Qualifications:-</b>
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Educational	Name of	Year of	Marks	Total	% age	Division	Subject
Qualification	University/Board	Passing	Obtained	Marks			
10 <sup>th</sup> 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	tick: 🗸			
	Blood Donation NCC	NSS	Any Other		
	Sports:  District Level State Level University  [	sity Level	National Level	Internatio	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.	/ESP/De-notifie	ed Tribe/Nomac	lic Tribe,	
	If yes, please indicate the category	to which belon	gs:		

	(d) Is the applicant th	ne first or the second child and his father had died bo	efore attaining the
	age of 42 years: <b>Y</b>	'es/No	
	(e) Is the applicant, tl	he first or the second child and his father had died b	efore the applicant
	had attained the a	age of 15 years: Yes/No	
	(Note: If ves. pleas	se attach relevant certificate issued by the compet	ent authority.)
1.4			
		n Mark:	<del></del>
15.	List of documents att	ached with this application form:	
	i)	ii)	
	iii)	iv)	
	v)	vi)	
	vii)	viii)	
	ix)	x)	
16.	Declaration:		
	I hereby declare that:	- -	
1.	All statements made	in this application form are true, complete and con	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	tected before or after interview/appointment/sele	ction, my candidature
	may be cancelled and	action can be taken against me.	
2.	I have gone through	the advertisement, General Terms& Conditions and	d I shall abide by all of
	these.		
3.	I have applied only on	ne category.	
		•	
	Diago	Sign	ature of the Candidate
	Place:	Thumb Immunication of the Court State	
	Date:	Thumb Impression of the Candidate	