



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

(APPLICATION FORM FOR NON-TEACHING POSTS)

Advt. No. _____ Post Sr. No. _____ Category _____

Name of Post applied for _____

Demand Draft No. _____ Amount _____ Dt. _____ Name of Bank _____

Affix self attested
Passport size
photograph

1. Candidate's Name (in capital letters as given in 10th Certificate)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of Candidate

2. Father's Name (in capital letters as given in 10th Certificate)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Mother's Name (in capital letters as given in 10th Certificate)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Date of Birth: Date Month Years

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5. Age on the last date of receipt of application

Years	Months	Days

6. Sex: Male/Female/Transgender

7. Are you domicile of Haryana: YES/NO

8. Nationality: _____

9. Complete Correspondence/Permanent address, in Block Letters

Correspondence address: _____

Pin Code: _____

Permanent address: _____

Pin Code: _____

Email ID: _____ Mobile : _____

10. Educational & Professional Qualifications:-

Educational Qualification	Name of University/Board	Year of Passing	Marks Obtained	Total Marks	% age	Division	Subject
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	To	Total Experience	Reason for leaving
1.						
2.						
3.						
4.						
5.						

12. Extra Curricular activities if any 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 first or the second child and his father had died before attaining the age of 42 years: **Yes/No**

(e) Is the applicant, 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:

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 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.
2. 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

