

**For 2025-2026**

**FOR Ad-hoc/Contractual**

For Office Use Only					
Inward No.		Est. No.		Sr. No.	
Date	___/08/2025	Date	___/08/2025		
Section	Establishment				



**SARDAR PATEL UNIVERSITY**  
**VALLABH VIDYANAGAR-388120**  
**(Dist. ANAND - GUJARAT)**

**Application form for the post of Ad-hoc/Contractual  
Technical Assistant (IICISST Vibhag)**

<b>Advertisement No. <u>SF/4394</u>      Dated : <u>06/08/2025</u></b>	<b>Affix the 3.5 c.m X 3.5 c.m. latest Photograph</b>
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**IMPORTANT:** Before filling in the form please read the form, instructions and qualifications carefully.

**INSTRUCTIONS TO APPLICANTS :**

- (i) The candidate should come with the **hard copy** of application form with all the self attested documents at interview venue **Place : VC Office, S.P. University Main Office Building** on dated **.20-08-2025** , **Timing: 10:00 am O'clock.**
- (ii) Candidates are advised to satisfy themselves before applying that they possess at least the essential qualifications laid down in the advertisement.
- (iii) No correspondence and Phone inquiry will be entertained in respect of advertisement, interview, selection and appointment etc.
- (iv) Those who are already in employment should forward their applications through proper channel.
- (v) The University reserves the right not to fill up any of the vacancies/ to reject any application and alter the number of posts in any cadre without assigning any reason.
- (vi) If any column is not applicable to the candidate, write **"Not Applicable"**.
- (vii) Incomplete application shall be summarily rejected.
- (viii) **Applicant has to join the concerned section within the 03 days, if fails to do so, appointment order will be treated as cancelled and next waiting listed applicant will be given appointment.**
- (ix) **Documents attached with the Application forms must be in sequence as mentioned in application form.**

1.	(In Block letters) Name in full : Mr./Mrs./Ms./Dr.	
	Father's Name	
	Mother's Name	
	Spouse's Name (attached Marriage Certificate or Govt. Gazette)	

- 2.(i) Please Tick mark (✓) appropriate column. Please enclose Caste Certificate of appropriate authority, if applicable.

S.C.	S.T.	Baxi Punch / SEBC	EWS	General	Phy. Handi

(Attach a certificate from the competent authority with Caste validity certificate for S.C./S.T./ Socially and Educationally Backward Class (**SEBC**) and non- Creamy-layer Certificate.)

(i)	Caste Certificate No.		Issue Date	
(ii)	Name of Issuing Authority			

3.	Date of Birth	Date	Month	Year				Age (Years)
	In figures							
	In Words (Capital)							

(A true copy of the Higher Secondary School Leaving Certificate in which the Birth Date is registered should be enclosed.)

A	Birth Place		Tal.		Dist.		State	
B	Native Place		Tal.		Dist.		State	
C	Race & Religion			Nationality			Mother tongue	
D	Blood Group		Height (cms)			Weight (Kgs.)		
E	Personal Marks of Identification							
F	Pan Card No.							
G	Aadhaar Card No.							
H.	Election Card No.				City/District where Registered			

4. Please Tick mark (✓) appropriate column
- |         |  |           |  |          |  |       |  |
|---------|--|-----------|--|----------|--|-------|--|
| Married |  | Unmarried |  | Divorced |  | Widow |  |
|---------|--|-----------|--|----------|--|-------|--|
- If married Name of Spouse (A Copy of marriage certificate should be attached)
- |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

5. Full Name & Address for correspondence (In Block Letters)

Present		Permanent	
City		City	
Pin Code		Pin Code	
Tal.		Tal.	
Dist.		Dist.	
State		State	
Phone No		Phone No	
Mobile No.		Mobile No.	
E-Mail		E-Mail	

**6. Educational Qualifications: Examinations passed (Self attested copies of all testimonials/ Certificates including Marks, Grade, Certificate should be attached) :**

Sr. No	Examination Passed	Principal Subject	Name of the University or Examination Body	Percentage and Class	Year And Month of Passing	Encl. page No.
1	2	3	4	5	6	7
1.	S.S.C					
2.	H.S.C.					
3.	U.G (Specify Degree)			Consolidated marks		
4.	P.G (Specify Degree)			Consolidated marks		
5.	Other qualification					
6.						
7.						

**(7) Details of Experience: (Post held in Private and/or Public employment giving details of Work) (Teaching at school or preschool etc.)**

Full Name and Address of the Employer where Employed	Designation (Type of work)	Date of joining	Date of Leaving	Total Experience		Grant-in Aid/ Self Finance/ Private/ Industry	Full time/ Part time/ Adhoc	Basic Pay and Pay Scale or Fixed pay	Reason for leaving Previous Employment	Encl. page No.
				Year	Month					
1	2	3	4	5	6	7	8	9	10	11

**(8) Present Position**

Full Name and Address of the Employer where Employed	Designation	Nature of work	Grant-in Aid/ Self Finance/ Private	Full time/ Part time/ Adhoc	Basic Pay or Pay Band and A.G.P. OR Fixed Pay	Date of appointment	Encl. page No.

**(13) Name, address and Phone No. of not more than two persons to whom reference can be made:**

No.	Name	Full Address	Phone / Mobile No.	Email ID	Period for which he/she has known to the candidate
1					
2					

**(14)**

(1)	Have you ever been arrested/prosecuted/kept in detention/convicted by a court of Law or whether any case is pending against you in a Court of Law?	Yes	
		No	
	If the answer to the above question is "Yes" give details		
(2)	Has any disciplinary action been taken against you by any University/ Institute where you have served?	Yes	
		No	
	If the answer to the above question is "Yes" give details		

I, hereby declare that the information furnished above is true and correct to the best of my knowledge and belief and also that I have not concealed any fact or withheld any information regarding my past service and record. If any information is found to be false or incorrect or anything is found to have been concealed, I will be disqualified for selection or if appointed, will be liable to termination without any notice or compensation.

Place	
Date	___/08/2025

\_\_\_\_\_  
**Signature of the Applicant**

**FOR USE OF APPLICANTS IN EMPLOYMENT**

I declare that the above statements made by the applicant are correct to the best of my knowledge and belief. I have "**No Objection**" to his/her applied and selected for the concerned post in your University. He/She will be immediately relieved.

Place	
Date	___/08/2025

Signature of Authority	
Designation	
Office Stamp	

**Note :** All Copies of Marksheet / Certificates should be self attested, List of enclosures attached by the applicant should be arranged strictly in the following order. **Please tick (✓)**

<b>Sr. No.</b>	<b>Details Enclosed with Application Form</b>	<b>(✓)</b>	<b>Encl. at Page No.</b>
1.	Application form with photograph.		
2.	Address Slip in one separate page only.		
3.	Higher Secondary School Leaving Certificate.		
4.	S.S.C. / H.S.C. all marksheets.		
5.	Graduation - all marksheets and Degree Certificate.		
6.	Postgraduate - all marksheets and Degree Certificate.		
7.	M.Phil. – marksheets and Notification.		
8.	B.Ed./ M.Ed. - all marksheets and Degree Certificate.		
9.	Other Qualifications Certificates		
10.	Pan Card		
11.	Aadhaar Card		
12.	Election Card		
13.	Testimonials / Experience Certificates.		
14.	Cast Certificate		
15.			
16.			

Please fill ALL the following ADDRESS SLIPS with typing neatly only one copy of this page should be submitted attached with the ~~first copy~~ of your form with Full Name and Postal Address (With Pin Code) for further communication.

BY Registered Post / Courier				BY Registered Post / Courier			
Name				Name			
Address				Address			
City		PIN		City		PIN	
Tal.		Dist.		Tal.		Dist.	
State				State			
Mobile No.				Mobile No.			
E-Mail				E-Mail			

BY Registered Post / Courier				BY Registered Post / Courier			
Name				Name			
Address				Address			
City		PIN		City		PIN	
Tal.		Dist.		Tal.		Dist.	
State				State			
Mobile No.				Mobile No.			
E-Mail				E-Mail			