



SARDAR PATEL UNIVERSITY

VALLABH VIDYANAGAR - 388120
(DIST. ANAND, GUJARAT)

APPLICATION FORM FOR THE POST
OF _____

No. _____

Affix recent
Passport size
photograph
Only on First copy

INSTRUCTIONS TO APPLICANTS :

- This form should be submitted in TWELVE COPIES with all enclosures.
- Those who are already in employment should forward their application through proper channel.
- If the space provided in any column is found insufficient, information be supplied on a separate sheet.
- Affix recent Passport size photograph Only on First copy, duly attested by gazetted officer.
- INCOMPLETE APPLICATION SHALL NOT BE CONSIDERED.

LAST DATE
- - 201

Surname Full Name Father's/Husband's Name

1. Name in full :
(in Block Letters)
Shri/Smt./Kum.

2. Full address for correspondence (in Block Letters)
(1) Present (2) Permanent

Phone No. ()
Mobile No.
email:

Phone No. ()
Mobile No.

3. Age : _____ Yrs. _____ Months.

Date of Birth _____

(A true copy of the SSC/Matriculation Certificate in which the Birth- date is registered should be enclosed.)

4. (i) Birth Place _____ Tal. _____ Dist. _____ State _____

(ii) Nationality _____ Mother tongue _____

(iii) Please Tick (✓) :

SC

ST

Baxi Panch/SEBC

Others

Please enclose certificate of appropriate authority, if applicable.

5. **Educational Qualifications** : (beginning with Matriculations/SSC or equivalent exam.)

Examination passed Subject Class with % University Year

(i)

(ii)

(ii)

(iv)

(v)

[P.T.O.]

(2)

6. **Experience** : (Post held in private or public employment, giving details of work)

Institution	Designation	Pay and Scale	Work done	Period	Reasons for leaving
(i)					
(ii)					
(iii)					
(iv)					

7. **Present Position** :

Name of the Institution	Designation	Date of appointment	Work done	Present pay and scale
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8. (i) Minimum salary acceptable : Rs
(ii) Approximate time required for joining, if appointed.

9. Persons from whom copies of testimonials are enclosed :

Name	Occupation	Address
(i)		
(ii)		
(iii)		

10. Names and addresses of not more than three persons whom reference can be made :

- (i)
(ii)
(iii)

11. Any other relevant information (special experience/merits) not included above

I hereby declare that the information given above is correct.

Encls : 1 to _____

SIGNATURE

Place : _____

Date : _____

Forwarded through :

Please fill ALL the following ADDRESS SLIPS with BALLPEN - DO NOT WRITE "AS ABOVE".
Please write Full Name & Postal Address (With Pin Code) Legibly for further communication.

Name	Name
Address	Address
.....
.....
Dist.....	Dist.....
Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Name	Name
Address	Address
.....
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Dist.....	Dist.....
Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>