

## हिमाचल प्रदेश केन्द्रीय विश्वविद्यालय

## Central University of Himachal Pradesh

पोस्ट बॉक्स नं.- 21, धर्मशाला, जिला - कांगड़ा, हिमाचल प्रदेश - 176 215 PO Box: 21, DHARAMSHALA, DISTRICT KANGRA, HIMACHAL PRADESH – 176215

Website: www.cuhimchal.ac.in; Email-vc.cuhimachal@gmail.com

	AF	PPLICAT	ΓΙΟΝ F	ORM			
Advertisement No			Date				
Post Applied for							
Demand Draft: Number		Dated			_	r latest p nd sign c	nhotograph across
Name of the Bank ———							
(Applicant should enclose wit ₹ 125 /- for SC / ST and hand drawn in favour of Finance Off	dicapped o	candidates ir	the form	of Demand Drai	ft from <b>any</b>	nation	alized bank
1. Personal details: Us	e CAPIT	TAL LETTE	RS and w	rite clearly			
Name							
	Day	Month	Year	Age as on da		ear	Month
Date of Birth				or advertise	ment		
Place of Birth	City / Vil	llage		State	Co	ountry	
Father's Name							
Mother's name							
Nationality	Gender			Category		Marita	l Status
	Male			SC S	Т	Sin	gle
	Fema	le		OBC G	eneral	Ma	arried
If physical challenged,	Type of	Disability			Percentag	ge of dis	ability
indicate relevant particulars							

2. Education	al Qual	ifications:	Attach	self-attes	sted photo	vgoo	of marks sl	neet & d	egree of eac	ch examination
		Name of the Board / University	Year	Marks Obtaine	Maxir	num	%age of marks or CGPA	Divisio		ects studied
Matriculation (10 <sup>th</sup> )										
Higher Secondary (10+2)	'/									
Bachelor's degree	è									
( Name of degree)										
Master's degree										
( Name of degree) M.Phil. in										
Ph.D.										
Topic:										
Any other										
Any other										
3. Past Work Add addition		s, if needed	d.							
Post held	Pay	Basic Pay p.m. (₹)		iross alary	Employer (Name 8		From	xperience	rotal	Nature of assignment
	Scale/ Band	+ GP/AG (₹)		o.m.	Address of Organisati	the	FIOIII		Experience in Years/ Months	
What has been y	our impo	ortant / uniqu	ie cont	ribution(	s) in the p	revio	us assignm	ent:		1

Name of the Programme	Year	Duration (in days)	Organising Institution

5. Details of the Management Development Programmes attended:						
Name of the Programme	Year	Duration (in days)	Organising Institution			

6. Details of the Orientation Programmes / Training Programmes / Workshops attended						
Name of the Programme	Year	Duration (in days)	Organising Institution			

7. Details of the Refresher Prog	etails of the Refresher Programmes attended:					
Name of the Programme	Year	Duration (in days)	Organising Institution			

Publications:		Numbers	Publishers / Journals	Communicated
Books				
Research Papers				
Articles				
Others				
Research Projects und	lertaken			
Major Research Project				
Major Research Project				
Research Supervisions				
No. of Ph.Ds produced				
No. of Candidates enro				
Participations in	Siled for Filip			
Seminars / Conference	es/ Workshops			
	nted in national seminars /			
conferences	inca in national scrimus /			
	ed in international seminars /			
conferences	ta iii iii eeriia tiaria seriiii ars ,			
9. Any other Experier	ice y Acinevements y Quantical	ons considered		
lO. References: P	lease provide names of t	hree persons	who are not relate	ed to you and
lO. References: P	lease provide names of t	hree persons	who are not relate	ed to you and
lO. References: P	lease provide names of twith your work / profession	hree persons	who are not relate	ed to you and
lO. References: P	lease provide names of twith your work / profession	hree persons	who are not relate	ed to you and
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LO. References: P are familiar v	lease provide names of twith your work / profession	hree persons	who are not relate	ed to you and
LO. References: Pare familiar value and address  Contact Address	lease provide names of twith your work / profession	hree persons	who are not relate	ed to you and
Name and address Contact Address Email:	lease provide names of twith your work / profession	hree persons	who are not relate	ed to you and
Name and address  Contact Address  Email:	lease provide names of twith your work / profession	hree persons	who are not relate	ed to you and
Name and address  Contact Address  Email:  Phone (landline) With STD Code:	lease provide names of twith your work / profession	hree persons	who are not relate	ed to you and

11. Contact Details of th	e Applicant:		
Address for Corre	spondence	Perm	anent Address
Name: House No:		Name: House No:	
Street:		Street:	
City:		City:	
State:		State:	
Pin Code:		Pin Code:	
Email:	Phone No.	Mobile No.	Fax No.
	(With STD Code)		
12. Declaration			
l,	son / daugh	ter of	
hereby declare that all the paknowledge. If anything is found by the university without assign	d false or incorrect at any	-	
			Signature of the applicant
			Name in Capital letters
Date: Pl	ace:		
Note:			
	liable to be rejected and the responsible, if any col	•	

## 13. Endorsement by the EMPLOYER

(In case of in-service candidates, whether in permanent/contract/temporary capacity, the application must be endorsed/forwarded by the Head of the Department/Employer, failing which application is liable to be

L4. Cho	ecklist of Documents Enclosed	
Sl. No	Documents	Tick ( ✓)
1.	Matric / Secondary / High School (10 <sup>th</sup> Class) Marks Sheet	
2.	Matric / Secondary / High School (10 <sup>th</sup> Class) Certificate	
3.	Sr. Secondary / Intermediate (12 <sup>th</sup> Class) Marks Sheet	
4.	Sr. Secondary / Intermediate (12 <sup>th</sup> Class) Certificate	
5.	Bachelor's Degree Marks Sheet	
6.	Bachelors' Degree	
7.	Master's Degree Marks Sheet	
8.	Master's Degree	
9.	M. Phil. Marks Sheet	
10.	M. Phil Degree	
11.	Ph. D. Degree	
12.	Experience Certificate(s) from previous employers:	
13.	Endorsement from the present employer	
14.	DD for the application fees (in original)	
15.	SC / ST / OBC / Handicapped Certificate	
16.	Others, if any:	

Note: List of Documents be checked & ticked properly. Any lapse on this account is liable for rejection of your form.