



Roll No.
(To be allotted by the Office)

Guru Nanak Dev University, Amritsar
FORM OF APPLICATION FOR CLASS 'B' POST

Affix an attested recent passport size photograph

(Total Fee 800/- * to be paid while submitting the form).

Note:

1. Persons already in employment should send the applications through their employers, otherwise these will not be entertained.
2. All columns should be properly filled in. Incomplete applications in any respect are liable to be ignored.
3. The applications of the ineligible candidates are liable to be rejected without any intimation to the candidates concerned.
4. **Total fees 800/-*(non-refundable) can either be deposited at Cash Counter, Guru Nanak Dev University, Amritsar or through a crossed A/c payee Bank Draft in favour of Registrar, Guru Nanak Dev University, Amritsar payable at Amritsar. (*Note: Rs. 400/- for SC/ST and Handicapped Person.)**
5. Attested copies of all the certificates/Detail Marks Card/testimonials should be attached. Original will have to be shown at the time of the Interview.
6. Separate application is required for each post/department/station.
7. Please send the form of Application to **Registrar, Guru Nanak Dev University, Amritsar-143005(Pb.)**

1. (i) Post applied for (give full name of the post) _____
(ii) Department/Office _____ Station: _____
(iii) Advertisement No. _____ Sr. No. of the Post. _____
2. Name in full Mr./Miss/Mrs. (in block letters) _____
3. Father's name (in block letters) _____
4. Sex: Male/Female _____
5. Present Postal address _____

6. Permanent Home address _____

7. Telephone No. _____ E-Mail Address _____
8. (a) Date of Birth _____ (b) Place of Birth _____
9. (a) Nationality _____ (b) Name of the State of which you belong _____
10. Whether you belong to:
(a) SC/ST (Yes/No): _____ (b) Backward Class (Yes/No): _____
(c) Sports person (Yes/No): _____ (d) (i) Ex Serviceman(Yes/No): _____
(d) (ii) Wife/ Ward of Ex-Serviceman (Yes/ No): _____
(e) Freedom Fighter(Yes/No): _____ (f) Person with Disabilities(Yes/No): _____
- 10 A Handicapped Category: Blind/Deaf or Physically handicapped
(i) Blindness of low vision _____ percent
(ii) Deaf/Hearing impairment _____ percent
(iii) Orthopedically handicapped _____ percent
(Please state the correct position and attach an attested copy of the certificate issued by the competent authority in support thereof)

11. Details of Qualifications:

Name of the Examination Passed	Name of the University/ Board	Year of Passing	Subject(s) taken	Marks Obtained	Total Marks	%age of Total Marks Obtained/ Division	Mode of Exam Passed (Regular/Part Time/Distance Education/ Lateral Entry)

12. Whether married or single _____

13. Are you in receipt of any kind of pension _____

14. Have you ever been employed? If so, give details:

Name of the post held and/or nature of duties	Name of Office/deptt.	Period From to	Grade of pay and pay last drawn	Reasons for leaving the post

15. Pay acceptable:_____

16. Have you ever been prosecuted, kept under detention, bound down, fined or convicted by a court of law for any offence or have you ever been disqualified from appearing in any University Examination or appearing before a Public Service Commission of the Union or the State, or disqualified for undertaking University work? If so, give details

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17. Languages including Indian Languages, You can read, write or speak:

Can Speak only	Can read and speak	Can read, write and speak	Examination passed in the language

18. (For Ministerial posts only):

	English	Punjabi	Hindi
(i) Speed in Computer Typewriting:	_____	_____	_____
(ii) Speed in typewriting:	_____	_____	_____
(iii) Speed in shorthand:	_____	_____	_____

19. If selected please state when you can join _____

20. Details Bank Draft attached / University Fee Receipt No.:

Name of Bank	Bank Draft No.	Date	Amount
University Receipt No.	Date	Amount	

21. Details of copies of certificate attached:

(1)..... (2).....

(3)..... (4).....

(5)..... (6).....

22. Any other information you wish to give:

I hereby solemnly declare that all the entries in this form are true to the best of my knowledge and belief. I understand that any material mis-representation or omission made, render me liable to termination or dismissal.

Signature of the applicant

Place _____

Date _____

RECOMMENDATION OF THE EMPLOYER

Place _____

Date _____

Signature & designation of the Employer (Seal of the office)

IN THE CASE OF PERSONS NOT IN EMPLOYMENT THE FORM MUST BE GOT ATTESTED FROM A GAZETTED OFFICER

Certified that the particulars given by the applicant are correct

Place _____

Date _____

Signature & Official
Stamp of the Attesting Authority



GURU NANAK DEV UNIVERSITY, AMRITSAR

Roll No.
(To be allotted by the Office)

Advt. No. Post Applied for:

Dept./Office:..... Station:

Name of the Applicant (in block letters):

Father's Name (In block letters):

Date of Birth (DD/MM/YYYY):

Affix an attested recent passport size photograph

Signature of the Applicant

Please fill in the following slips for correspondence address:

Roll No. _____

Name _____

Father's Name _____

Address _____

PIN : _____ Contact No. _____

Roll No. _____

Name _____

Father's Name _____

Address _____

PIN : _____ Contact No. _____

Roll No. _____

Name _____

Father's Name _____

Address _____

PIN : _____ Contact No. _____

Roll No. _____

Name _____

Father's Name _____

Address _____

PIN : _____ Contact No. _____