

# Nava Nalanda Mahavihara, Nalanda

(Deemed University)



## Nalanda - 803111

Sl.	No.	 

(FORM NO. 1)

#### APPLICATION FORM FOR NON-TEACHING POSTS

### Please fill up separate form for each post

Advt. No	D.D. No	Affix here a
Post Code	D.D. No.	Passport size Photograph
Post applied for	RupeesDated	and Sign across
Department	Issuing Bank	
I. General Information:		
1. Full Name in block letters. Dr/Mr/Ms		
2. Date of Birth(In Wo	rds)	
3. Sex: (Male/Female):		
4. Father's/Husband's Name		
5. Mailing Address		
	Pin CodeTel. No	O
Mobile No E-mail		
6. Permanent Address		
	Pin Code	
7. Marital Status		
9. Sate of Domicile 10	-	
ii belonging to SC/S1/OBC/PWD/EWS etc. attach	n certificate	

### 11. **Educational Qualifications** (Starting with highest degree obtained):

Sl.No.	Examination Passed	Name of the College/ Board/ University	Year	Division/ Grade	Percentage of Marks	Subjects

#### 12. Technical Qualifications:

Sl. No.	Examination Passed	Name of Institution Passed		er minute in rthand	Speed per i	ninute in typing
			English	Hindi	English	Hindi

40	*** 1	
13	Work	experience:

Sl. No.	Name of post	Date of Joining	Date of leaving	Last Salary drawn with scale of pay	Particulars and place of the Instt. Where employed	Reasons for leaving the post	Remarks if any
	ctivities.	,		-	ols or colleges includi	· •	-
<b>-</b> - 5. N	ames and a	ddresses of	two responsible j	persons, not relate	ed to the applicant bu	t well acquainted wi	th him/her in
pı	rivate life al	oout work, c	two responsible j	e applicant.			
	rivate life al						th him/her in as known the
pı <b>l.No.</b>	rivate life al	oout work, c		e applicant.		Period: he h	
	Name of Market o	etails, if any ay mention	onduct etc., of th	e applicant.  Address  qualification or expecsessary partices		Period: he h applicant  ot been given under	as known the
	Name of Market o	etails, if any ay mention	onduct etc., of th	e applicant.  Address  qualification or expecsessary partices	s eperience which has n	Period: he h applicant  ot been given under	as known the

#### **DECLARATION**

I declare that the entries made by me in the above columns are true to the best of my knowledge and belief and that all

attested copies or certificates and testimonials, list of publications, and other paper submitted, as enclosures have been certified by me. I solemnly affirm that if the above declaration is found to be incorrect or if it suppresses any fact my services with the University shall stand immediately terminated without notice. In this matter decision of the University authorities will be final and binding on me. Place: (Signature of the Applicant) Dated: FORWARDING AUTHORITY / EMPLOYER'S ENDORSEMENT This is to certify that Dr./Mr./Ms.\_\_\_\_\_\_ is working as \_\_\_\_\_ \_\_\_\_\_ on regular/contract/tenure/ \_\_\_\_\_ appointment in our organization. The above details given by him/her verified and found correct. No vigilance/disciplinary case is pending or contemplated against him/her. He/she will be relieved on deputation/direct recruitment basis in the event of his selection to the post applied by him. (Signature of Head of the Institution) Place: Date: Name: **Designation:** Fax: E-mail: \_\_\_\_\_ Address:\_\_\_\_\_ (Rubber Stamp) NOTE: Applicants who are in service should submit their applications through proper channel.