



CENTRAL UNIVERSITY OF KASHMIR

FOR OFFICE USE ONLY
SERIAL NO.

APPLICATION FORM FOR THE POST OF FINANCE OFFICER

Name of the post applied for.....

Advt. No.....Date.....

DEMAND DRAFT PARTICULARS			
Name of the Bank	D.D. Number	Date	Amount

PASTE HERE A SIGNED COPY OF YOUR RECENT PASS-PORT SIZE PHOTOGRAPH

A. General Information:

- Name in Full.....
(IN BLOCK LETTERS)
- Parentage.....
- Husband's Name (in case of married Women).....
- Date of Birth: DayMonth.....Year.....
(As recorded in the Matriculation or equivalent certificate)
- Age (as on the last date fixed for the receipt of application)years.....months.
- Nationality
- Religion.....
- Marital Status: Married Unmarried
- Sex: Male Female
- Do you belong to any reserved category?: Yes No
If yes, specify the category (SC/ST/OBC)
- Whether Handicapped? : Yes No
If yes, indicate whether Physically/Visually/ any other.....
- Permanent Address
-
- PIN CODE.....Phone No.....Cell
- Address for correspondence
-PIN CODE.....
- Email ID.....

B. Educational Qualifications:

Exam. Passed	Board/ University	Year of Passing	Marks		% of marks	Class/Div/ Grade	Subjects
			Obtained	Out of			
Matriculation (10 th)							
Higher Secondary/ Intermediate (10+2)							
Bachelor's degree							
Master's Degree							
M.Phil							
Ph.D							
NET/SLET							
Any other Degree/ Diploma							
Technical Qualifications (if any)							

C. Teaching/Administrative/Technical/Research Experience.

Designation	Name of the Organization	Scale of Pay		Nature of appointment	Period of service		
		PB	GP		From	To	Period

**Note: Please indicate Pay Band and Grade Pay separately.
Please attach separate sheet if the space is insufficient for the said column**

State whether you have been at any time (a) dismissed, removed or debarred from Service or (b) convicted by a Criminal Court. (Please tick YES NO)

I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature/appointment is liable to be cancelled/terminated.

Signature of the Applicant

Place.....

Date

(The endorsement below is to be signed and forwarded by the Head of the Department/Employer in the case of the in-service candidates whether in permanent or temporary capacity failing which the application is liable to be rejected).

ENDORSEMENT OF THE EMPLOYER

Ref. No.....

Date.....

FORWARDED

The applicant (name) is holding the post of in this College/University/Institution/Department on a temporary/substantive basis since.....(date). His/Her present Pay is Rs.....in the Pay structure of Rs..... with AGP/GP of Rs.....and he/she is drawing salary of Rsper month. His/Her next date of increment is We have no objection to his/her application being considered.

Signature of the Officer
(with office seal)

**DECLARATION/UNDERTAKING
(for OBC Candidates only)**

I, _____ son/daughter of Shri _____ resident of village/town/city _____ district _____ State hereby declare that I belong to the _____ community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt.(SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004.

Signature of the Candidate

Place:

Date:

**Declaration/undertaking not signed by Candidate will be rejected
False declaration will render the applicant liable for termination of registration at any time**