



# CENTRAL UNIVERSITY OF KASHMIR

FOR OFFICE USE ONLY  
SERIAL NO.

## APPLICATION FORM FOR NON-TEACHING POSTS

Name of the post applied for.....

Advt. No.....Dated.....

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

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

### A. General Information:

- Name in Full.....  
(IN BLOCK LETTERS)
- Father's Name.....
- Husband's Name (in case of married Women).....
- Date of Birth: Day .....Month.....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
- Gender: 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 No.....
- Address for correspondence .....
- .....PIN CODE.....
- Email ID (Mandatory).....

**B. Educational Qualifications:**

Exam. Passed	Board/ University	Year of Passing	Marks		% of marks	Class/Div/ Grade	Subjects
			Obtained	Out of			
Matriculation (10 <sup>th</sup> )							
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 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 .....

**Details of Enclosures (To be filled in by the candidate):-**

Description of the Certificate/Testimonial/Attachment etc			
1.		9	
2.		10	
3.		11	
4.		12	
5.		13	
6.		14	
7.		15	
8.		16	

(Endorsement given below is to be signed and forwarded by the DDO/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 Rs .....per 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 appointment at any time**



# CENTRAL UNIVERSITY OF KASHMIR

Transit Campus, Sonwar, Srinagar-190004

## ADMIT CARD FOR WRITTEN TEST

Affix Recent  
Passport Size  
Photograph

Post \_\_\_\_\_

1. HT No. \_\_\_\_\_ (*To be allotted by University*)

2. Name \_\_\_\_\_

3. Fathers Name \_\_\_\_\_

4. Correspondence Address \_\_\_\_\_

\_\_\_\_\_ PIN Code \_\_\_\_\_

5. Date of Test \_\_\_\_\_ Time of Test \_\_\_\_\_

6. Name of the Test Centre: \_\_\_\_\_

.....  
*Signature of Issuing Authority*