S. A. University

Ashok Nagar, Nawada, Dist.-Nawada (Bihar)-805 111

APPLICATION FORM FOR RECRUITMENT OF NON TEACHING STAFF

Passport Size Photo

Advertisement Date & No: _____

Post Applied for: _____

1. PERSONAL INFORMATION:

(I) Full Name (In Block Letters as in HSC Mark sheet):

_____

(II) Father's/ Husband Name:

_____

(III) Mother's Name:

_____

2. Date of Birth: _____ **Age [(as on date) completed years]:** _____

3. Gender: _____ **Marital Status:** _____ **Blood Group:** _____

4. Nationality: _____ **Religion:** _____

5. Do you belong to (Please tick): OPEN / SC / ST / OBC / Person with Disabilities (PWD) / Ex-Serviceman/ Dependent of Defence personnel killed / Disabled in war action / other: __

6. CORRESPONDENCE ADDRESS:

_____

_____

_____

Pin:- _____ Phone No.: Office: _____ Res: _____

Mobile: (1) _____ (2) _____

E-Mail ID: _____ Pan Card Number: _____

Adhar Number: _____

Permanent Address:

_____

_____

Pin:- _____Phone No.: Office:_____Res: _____

Mobile: (1)_____(2) _____

7. COMPUTER KNOWLEDGE:

Microsoft Office: Excel [ ] Word [ ] PowerPoint [ ] (Tick Mark [√] wherever applicable.)

Accounting Software (If necessary, please Specify): _____

8. LANGUAGES KNOWN:

No	Language	Writing	Reading	Speaking
1				
2				
3				
4				

9. EDUCATIONAL QUALIFICATIONS: (FROM S.S.C. ONWARDS)

No	Degree	Name of the University / Board	Year of Passing	No. of attempts	Class / Percentage / CGPA	*Equivalent Percentage in case of CGPA
1						
2						
3						
4						
5						

*** Proof of Conversion from CGPA to percentage is a must**

10. PROFESSIONAL EXPERIENCE: (From Present Post)

No	Employer's Name And Address	Post held	Pay Scale	Length of Service (date)		Nature of work (Adhoc/ Contractual/ Permanent)
				From	To	
1						
2						
3						
4						
5						
A) Academic Experience:_____Years			B) Other Experience:_____Years			
Total Experience (A+B):_____Years						

11. Extra-Curricular Activities / Hobbies: _____

_____

12. Any other relevant information: _____

_____

13. Please give details of two References (If you have any):

(i) Name:_____ (ii) Name:

_____

Designation:_____ Designation:

_____

Full Address:_____ Full Address:

_____

_____

_____

Contact No. & Fax_____ Contact No. & Fax:

_____

E-mail:_____ E-mail:

_____

DECLARATION

I,_____, declare that the statements made in this application are true to the best of my knowledge and belief. I understand that misleading or wrong information supplied may lead to immediately rejection of Application/appointment if found subsequently and the University shall be at its liberty to initiate any action according to the law.

Date: _____

Place:_____ (**Signature of the Applicant**)