S. A. University, Nawada

Application Form for the Post of
Chief Finance & Accounts Officer

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1. Full Name		
2. Father's Name		
3. Address for Correspondence		
4.Permanent Address		
5.Date of Birth (DD/MM/YY)		**Age as on 11-08-2026**
5.Contact No. & Email	Mobile No. :_____ E-Mail :_____	
6. Nationality		
7.Caste & Category		

8.Details of qualification:					
Sr.	**Degree**	**Discipline/specialization**	**Institution/University**	**Year of Passing**	**% of Marks obtained**
1	Bachelor's Degree				
2	Master's Degree				
3	Professional Degree (CA/ICWA/MBA/ equivalent)				
4	M.Phil.				
5	Ph.D.				
6	Additional qualification				

9. Present Position			
1	Designation		
2	Organization		
3	Pay Scale		Total Salary:
4	Date of appointment		

10. Professional Experience				
Sr. No.	**Designation**	**Institution/Organization**	**Duration (From to to)**	**Key Responsibilities**

11. Relevant Skills and Proficiency	
1	Knowledge of Financial Policies Regulations and Statutory requirements applicable to Private Universities

→	
2	Expertise in Financial planning/budget management and audits
→	
3	Proficiency in financial software and ERP systems
→	
4	Leadership in implementing financial strategies and internal control system
→	

Total experience: _____years

12. Any other relevant information (distinctions received, rank/ medals, membership with any other Association, research papers presented, etc.):

	Name of the organization	Nature	Level (District/State/National)
Distinctions received			
Rank/ Medals			
Membership			
Association			

13. Strength, weakness and vision	
Your strength	

Your weakness	
Your vision	

14. If selected, joining time required : _____days/month(s)

Declaration

I hereby declare that all the statements/ particulars made/furnished in this application are true, complete and correct to the best of my knowledge and belief. I also declare and fully understand that in the event of any information being found false or incorrect at any stage, my application/candidature is liable to be summarily rejected and if I am appointed, my services are liable to be terminated without any notice from the post of the Controller of Examinations as per the University and other applicable rules.

Place: (Signature)

Date: (Name)….

List of Enclosures.: