S. A. University

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

(Established by the Government of Bihar under the Bihar Private Universities Act, 2013, vide Gazette Notification No. 15/M 1-93/2024-961 dated 06.07.2026)

Advt. No. SAU/02/2026 Date: 24/07/2026

Application for the post of Registrar

Affix latest self-attested Passport size coloured photograph

Name of the post applied for:

1. Name:

2. Father's Name:

3. Mother's Name

4. Sex: Male/Female (Please tick)

5. Date of Birth:

6. Marital Status: Married/Unmarried (Please tick)

7. Nationality:

8. Category:

   a. Whether Schedule Caste/Schedule Tribe: Yes / No (Please tick)
   b. (If yes), please enclose the certificate issued by the prescribed competent authority.

   c. Whether Physically Handicapped: Yes / No (Please tick)

   d. If yes, please enclose the certificate issued by the prescribed competent authority.

   e. Nature of disability
   f. Percentage of disability

9. Complete Address for correspondence with PIN:

10. Complete Permanent Address with PIN:

11. Telephone No. and mobile number:

12: Email id:

13. Academic Qualifications:

Examination Passed	Board / University	Year of passing	Class/Division	% of marks	Subjects
High School					
Intermediate					
Graduate					
Post Graduate					
Doctorate (Ph.D./D.Phil)					
Others courses					

14 Technical Qualifications:

Examination Passed	Board/University	Year of passing	Class/Division	% of marks	Subjects

15. Languages Known:
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16. Distinctions/Prizes/Awards/Medals/Honours, etc:
……..

17. Working Experience (in ascending order):

Name of the Institutions/ Department	Designation	Duration		Pay Scale/ Pay Band with Grade pay	Basic Pay/ Pay in Pay Band	Nature of duties performed	Reason for leaving
		From	up to				

18. Your competence in use of Computer which should facilitate office automation/ e-governance. Please specify familiarity and actual practice of M.S. Office and Internet Browser.

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19. Names and Address of two Referees, under whom you have worked:

1.	Name: …… … Address: …… …… …… …… …… Ph. No: …… … E-mail ID: …….	2.	Name: …… …… Address: …… …… …… …… …… Ph. No: …… E-mail ID: …….

20. Additional information, if any?
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Declaration:

I, son/daughter/wife of hereby solemnly declare that the information presented in this application as above are correct and complete to the best of my knowledge and belief, and that no material information has been concealed or suppressed and if there has been suppression of nay factual information, my service can be terminated, if selected.

Signature of the Applicant

Place: …… Date: …….

List of Enclosures with the Application: