Jawaharlal Nehru University

Proforma for application for the Non-Teaching Posts

on Deputation Basis

Recent Passport size self attested Photograph

NAME OF THE POST APPLIED FOR

:

Full N	Full Name (in Capital letters)		:				
Father's Name			:				
Mother's Name			:				
Name of spouse (If married)			:				
Natio	nality		:				
(a) Address for communication			:				
(h) P	ermanent Address						
			•				
(c) E-	mail ID		:				
(d) Mobile phone No.			:				
(e) Telephone No.			:				
Date of Birth (DD/MM/YY)		:					
Age as on the date of last date of receipt of application		:	Year	s Month	as Days		
. Date of Retirement (DD/MM/YY)		:					
Category (SC/ST/OBC/GEN/PwD)		:					
Details of Educational Qualifications		: Enclosed self attested copies of all certificates					
	Institution/University	Subject s	ct studied		Duration of Study	Year of Passing	% of marks
	Fathe Moth Name Natio (a) Ad (b) Pe (c) E- (d) M (e) Te Date Age a applic Date of Categ	Mother's Name Name of spouse (If married) Nationality (a) Address for communication (b) Permanent Address (c) E-mail ID (d) Mobile phone No. (e) Telephone No. (e) Telephone No. Date of Birth (DD/MM/YY) Age as on the date of last date of reapplication Date of Retirement (DD/MM/YY) Category (SC/ST/OBC/GEN/PwD Details of Educational Qualification	Father's NameMother's NameMother's NameName of spouse (If married)Nationality(a) Address for communication(b) Permanent Address(c) E-mail ID(d) Mobile phone No.(e) Telephone No.(b) Permanent (DD/MM/YY)Age as on the date of last date of receipt of applicationDate of Retirement (DD/MM/YY)Category (SC/ST/OBC/GEN/PwD)Details of Educational Qualifications	Father's Name:Mother's Name:Name of spouse (If married):Nationality:(a) Address for communication:(b) Permanent Address:(c) E-mail ID:(d) Mobile phone No.:(e) Telephone No.:Date of Birth (DD/MM/YY):Age as on the date of last date of receipt of application:Date of Retirement (DD/MM/YY):Category (SC/ST/OBC/GEN/PwD):Details of Educational Qualifications:	Father's Name:Mother's Name:Name of spouse (If married):Nationality:(a) Address for communication:(a) Address for communication:(b) Permanent Address:(c) E-mail ID:(d) Mobile phone No.:(e) Telephone No.:(b) Permanent (DD/MM/YY):Date of Birth (DD/MM/YY):Age as on the date of last date of receipt of application:Date of Retirement (DD/MM/YY):Category (SC/ST/OBC/GEN/PwD):Details of Educational Qualifications:	Father's Name:Mother's Name:Name of spouse (If married):Nationality:Nationality:(a) Address for communication:(a) Address for communication:(b) Permanent Address:(c) E-mail ID:(d) Mobile phone No.:(e) Telephone No.:Date of Birth (DD/MM/YY):Age as on the date of last date of receipt of application:Pate of Retirement (DD/MM/YY):Category (SC/ST/OBC/GEN/PwD):Institution/UniversitySubject studiedInstitution/UniversitySubject studiedDuration:	Father's Name : Mother's Name : Name of spouse (If married) : Nationality : (a) Address for communication : (a) Address for communication : (b) Permanent Address : (c) E-mail ID : (d) Mobile phone No. : (e) Telephone No. : Jate of Birth (DD/MM/YY) : Age as on the date of last date of receipt of application : Age as on the date of last date of receipt of application : Date of Retirement (DD/MM/YY) : Category (SC/ST/OBC/GEN/PwD) : Institution/University Subject studied Institution/University Subject studied

13.	Details Educatio	of Profe onal Qualifica	ssional ations	/ Techn	ical	: Enclo	osed self attested o	copies of all cer	tificates	
Exam Passed Institution/ University			Subject studied		Duration of Study	Year Passing	of % of marks			
14.	terms o	f conditions	stipulate	d in the A	dverti	isement		on) Enclose ad	umn carefully and i ditional sheet duly	
Name Organiza			Dur	ation of	Service	Nature of appointment	Nature of duties			
Organization					Fro	m	То	(whether regular or adhoc)	(full details)	
15.	above e	state clearly entries made nent of the po	by you,			:				
16.	Do you hold the requisite ye experience for the post applied for			ears	:					
17.	Nature of present employment				:					
18.	In case the present employment is held deputation/contract basis, please state : a) The date of initial appointment			d on	:					
	-	Period of app deputation/c Name of	oointment contract the j	on	fice	:				
19.	organization : Are you in the revised scale of pay? If yes, date of revision and pre-revised scale.				,	:				
		you ever	been	imposed	any	:				

21.	If any departmental inquiry pending or contemplated against you. If yes please give details	:			
22.	Additional information, if any which you would like to mention in support of your suitability for the post	:			
23.	DECLARATION: (i) I hereby declare that I fulfil the eligibility conditions as per the advertisement and that all the statements made 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 or incorrect at any stage or not satisfying the eligibility conditions according to the requirement mentioned in the advertisement, my candidature / appointment is liable to be cancelled / terminated. (ii) I have enclosed the required attested copies of the certificates.				

Place

:

:

Date

Signature Name of the Applicant

Certificate to be furnished by the Employer/ Head of office/ forwarding authority

1. Certified that the particulars furnished by ______ are correct and he/she possesses educational qualifications and experience mentioned in the vacancy circular and this department has no objection for his applying for the post of.....

2. Also Certified that: -

- i. There is no vigilance or disciplinary case pending / contemplated against
- ii. His / her integrity is beyond doubt.
- iii. Copies of his / her ACRs for last five years, attested on each page by an officer not below the rank of Under Secretary to Govt. of India are enclosed.
- iv. No major /minor penalty has been imposed on him / her during the last ten years*
- v. A list of major / minor penalties imposed on him/her during the last ten years is enclosed.*

Place:

Date:

List of Enclosures :

- 1.
- 2.
- 3.
- 4.

Note : * Strike out which is not applicable

Signature ______ Name & Designation Tel. No. and e-mail ID Full office address and Seal