

## **UNIVERSITY OF ALLAHABAD**

(A Central University established by an Act of Parliament)

		A.CC:						
Advertisement No& da		Affix lat	sted					
Payment of Fee					Passport Colour			
Demand Draft no. (in favour of Finance Officer, University of Allahabad)	Amount			Issuing Bank				
THE CANDIDATES ARE ADVISED TO READ THE INSTRUCTION (On website <a href="www.allduniv.ac.in">www.allduniv.ac.in</a> ) BEFORE FILLING UP THE APPLICATION FORM								
1. Name:								
2. Father's Name:								
3. Mother's Name:								
4. Sex: Male	Female 5.	DoB	/	/				
6. Marital Status:								
7. Nationality:								
2,	) Whether Schedule Caste/Schedu	ale Tribe/Other	Ye	es/No				
SC/ST/OBC		(Put mai	rk)					
	d, If Yes, Authority in	Yes/No (Put mark)						
	(i) Nature of disability							
(ii) Percentage of disability								

9. Address for Correspondence:		$\prod$																									
		+																									
City/District PIN:																											
City/District									1111.	<u> </u>																	
State:																											
11. Telephone No.:   Mob: +91																											
12. Academic Q	ualifica	atior	ns:																								
Examination Passed	Boa Unive	ard / ersity			Yea pas				Cla	ass,	/Div	/isi	on		%	of ı	mar	ks		Subjects							
High School																											
Intermediate																											
Graduate																											
Post Graduate  Doctorate																											
(Ph. D./D. Phil)																											
Other courses																											
12(a) Technical	Qualific	ation	ns:																								
Examina Passe	ation E	Boar	d/Ur	niver	sity		ear assi					CI	ass	/Div	/isi	on	9,	6 c	of n	na	rks			Sub	jeo	cts	
											+																
											+																
											+						-										
											+																
13. Languages Kr	nown: .																										
13. Languages Known:  14. Distinctions/Prizes/Awards/Medals/Honours, etc:																											

15. Working Experience (in ascending order):

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

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16.	Your competer specify familia				ite office automa Internet Brows		iance. Please
17	. Please indicate	as to why you	ı wish to ioin t	he University	of Allahahad a	nd in vour onir	nion do vou
17.		equirement as			in candidate's o		
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,							

	1.	Name:	2.	Name:
		Address:		Address:
		Phone No:		Phone No:
		E-mail ID:		E-mail ID:
20.	Decla	aration: I,hter/wife of		
kno	owledg		on ha	correct and complete to the best of my s been concealed or suppressed and if there ce can be terminated, if selected.
				Signature of the Applicant
Dat	to:			
Lis	t of E	nclosures with the Application:		
1.	Cove	ring letter.		
2.		ls of DD in favour of Finance Officer, Univerdable)	sity of	Allahabad payable at Allahabad (non-
3.	Date	of birth certification (copy of the school cert	ificate	e with date of birth can be used)
4.	Copie	es of degrees (Bachelors, Masters, Doctoral,	etc)	
5.	Сору	of latest CV		
6.	Recer	nt passport size colour photograph		
7.	No-ol the e	ojection certificate from current employer (N mployer. Format of the letter to be submitte	Must b ed is g	e submitted along with the endorsement of given at the end of the application).

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

## **Endorsement by Employer:**

## **INTEGRITY CERTIFICATE**

This is to certify that the integrity of Dr./Shri./S	mt./Ms				
S/D/W working as Govt./State Govt./Autonomous Body/PSU	in this Department of Central				
is beyond the doubt and nothing adverse came	to notice.				
Date:	Signature:				
	Name in Block letter:				
Registrar/Head of the Institution/Deptt					
	(Designation with seal)				
<u>VIGILANCE CI</u>	EARANCE CERTIFICATE				
Certified that no vigilance case or disciplinary p contemplated against Dr./Shri./Smt./Ms	proceedings or criminal proceeding is either pending or				
Date:	Signature:				
	Name in Block letter:				
Registrar/Head of the Institution/Deptt	Registrar/Head of the Institution/Deptt				
	(Designation with seal)				

## NO PENALTY CERTIFICATE

Certified that no minor / major penalty has been imposed on Dr./Shri./Smt./Ms				
S/D/W during his /her e	entire service.			
Date:	Signature:			
	Name in Block letter:			
Registrar/Head of the Institution/Deptt				
	(Designation with seal)			