



UNIVERSITY OF KASHMIR

NAAC Accredited Grade "A"

University Campus, Hazratbal, Srinagar – 190006, Kashmir.

Roll No.....

(To be filled in by Office)

Application Form

for appointment to the Non-Teaching Posts

Name of the post applied for.....

in the Deptt./Instt/Centre.....

(All the Particulars must be filled in by the candidate in his/her own hand writing)



Advertisement No _____

Dated _____

1. Name in full : _____
(Capital letters)

2. Father's Name in Full : _____
(Capital letters)

3. Present Occupation: _____

4. Permanent Address _____

5. Present Address for correspondence _____

6. E-Mail Address, if any _____

Telephone No _____ Office _____

Cell No _____ Fax No.(if any) _____

Note:- Any change in address should be immediately communicated to the Registrar.
All correspondence shall be made on the present address, given at column No.6

7. Date of Birth _____

(Based on the Matriculation/Higher Secondary or School leaving certificate)

8. Marital status _____

9. Academic Record

S. No.	Examinations Passed (Matric & onwards)	Year of passing	Maximum Marks	Marks Obtained	Division with %age of marks	University	Board	Subject
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

10. Appointments held (in chronological order)

S.No.	Position	From	To	Total period	Particulars of main duties	Name & Address of the employer	Reasons for Leaving the post	Pay

11. Whether presently employed, if so _____
- i) Nature of Appointment _____
- ii) Pay Band Rs _____ iii) Grade Pay Rs _____
- iv) Basic Pay Rs. _____ v) Allowance Rs _____
- vi) Total Rs _____

12. Details of Enclosures
- a) Bank Draft/Receipt No. _____ dated: _____
- b) i) _____ ii) _____
- iii) _____ iv) _____
- v) _____ vi) Total Enclosures _____

DECLARATION

I hereby declare that the entries made in the above columns are true to the best of my knowledge and belief. In the event of any information found false, incorrect or incomplete, the University shall be at liberty to cancel my candidature/appointment.

Place _____
Date _____

Signature of the Candidate

If employed, remarks of the forwarding authority

- a) Name of the Department: _____
- b) Place _____
- c) Name/designation of the forwarding authority/ _____
- d) Remarks/Specific Recommendation if any _____

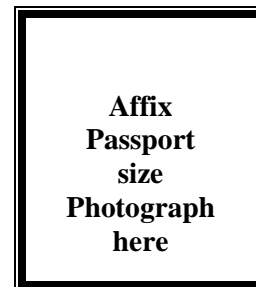
Signature



UNIVERSITY OF KASHMIR

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Application form for appointment to the post of.....
in the Deptt./Instt/Centre.....
(All the Particulars must be filled in by the candidate in his/her own hand writing)



ATTENDANCE SHEET

- Name in full : _____
 - Father's Name in Full : _____
 - R/O: _____
- Signature of the Candidate : _____

Date of Written Test	Answer Booklet No.	Signature of the Candidate

Signature of Superintendent with date
Examination Centre: _____



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ADMIT CARD

Post Applied for.....
in the Deptt./Instt/Centre.....
(All the Particulars must be filled in by the candidate in his/her own hand writing)



- Name in full : _____
- Father's Name in Full : _____
- R/O: _____
- Date of Test _____

Signature of issuing authority

UNIVERSITY OF KASHMIR

Roll No.....
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Form No.....
Received Application form from _____ for the post of _____
Advertised on _____ Enclosures (in total) _____

Signature of receiving Official
(Recruitment)