

## GANDHI MEMORIAL NATIONAL COLLEGE AMBALA CANTT – 133001 (HARYANA)

## Form of Application for employment of Non Teaching posts on Regular/Temporary/Contractual basis

Affix
Passport Size

Sr.	No.		application No	Photograph					
No	tes:		o be filled in by the office)						
i)	Th	nis application form should be properly filled.							
ii)	Att	ttested copies of all certificates/testimonials to be attached.							
iii)	Applications received after the due date or found incomplete or without enclosures will not be considered.								
1.	a)	Post applied for (Give full name of the post)							
		(Advt. No Date	Newspaper						
	b)	Nature of Post (Regular/Temporary/Contractual)							
2.	Na	ame in full (in block letters)							
3.		esent Postal Address (in block letters)							
	••••	••••••							
	Tel	elephone No. with STD Code	Mobile No						
4.	Per	rmanent Postal Address (in block letters)							
	Telephone No. with STD Code								
5.	Fat	ther's/Husband's Name							
6.	a)	Nationality of the candidate		••••••					
	b)	Whether belongs to SC/BC/ESM/Physically handicapped/General							
	c)	Marital Status							
7.	a)	Date of Birth(In words)							
	b)	Place of Birth	Av						
8.				••••••					
ο.		If you are employed, your present designation							
	b)	Name of employer							
9.	Hav	ve you ever been prosecuted or kept under detention or bound do	wn or fined or convicted by a Cou	ırt of Law for					
	any	y offence or debarred/disqualified by any University, Public	Service Commission from app	earing at its					
	Court of Law at the time of filling								
		plication form? If the answer is 'YES', full particulars of the case,	detention, fine, conviction, senten	ce etc. should					
	be g	given –							
	••••			•••••••••••••••••••••••••••••••••••••••					

Exam Passed	Univ/ Board	No. of Attempts	Roll No.	Year of Passing	Class or Division	Max. Marks	Marks Obtd.	% age	Subjects/			
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Any other Exam						55 21		4				
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11. a) Typing speed on Computer: English												
	and speed						Iindi					
12. Know	ledge of A	ccounts work										
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14. Other	Qualificat	ions:										
15. Total	Experienc	e (Attach Prod	of):									
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I certi	fy that the	foregoing inf	ormation	is correct a	nd complete	to the best	t of my kno	wledge an	d belief. I am not			
aware of any ci	rcumstand	ces which may	impair i	ny fitness fo	or employme	ent.						
Place:												
Date:						(	Signature	of the can	didate)			
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employment in			••••••		ne/sne	will be re	elleved from	n his/her p	present position on			
		Hotice.										
Place					Signa	ture of th	e Head of	the Institu	tion/Organization			
Date				~-8			(Seal of Office)					
List of Docum	ents attac	hed:										
				5.								
2				6.	******							
3				7.								
4				8.								