

## Doon University of Uttarakhand Motharawala Road, Kedarpur

Motharawala Road, Kedarpur P.O Ajabpur Kalan, Dehradun, Uttarakhand

Website: <a href="mailto:www.doonuniversity.org">www.doonuniversity.org</a>; Email: <a href="mailto:registrardoon@gmail.com">registrardoon@gmail.com</a>

|                   |           |       | AP              | PLICA'           | TION F        | ORMAT               |                              |                        |
|-------------------|-----------|-------|-----------------|------------------|---------------|---------------------|------------------------------|------------------------|
| Advertisement N   | o:        | ••••• | l               | Dated:           | •••••         |                     |                              |                        |
| Post Applied for: | •••••     | ••••• | ••••••          | •••••••          | ••••••        | ••••                | Fix you<br>Photogr<br>Sign o | aph and                |
| Particulars of De | mand Dr   | aft:  |                 |                  |               |                     |                              |                        |
| Draft No:         |           |       | _ Dated         | :                | Amoun         |                     | me of the                    |                        |
| Bank and Issu     | ing Bran  | ch    |                 |                  |               | Na                  | me of the                    |                        |
| Bank on which     | n drawn _ |       |                 |                  |               |                     |                              |                        |
|                   |           |       |                 |                  |               |                     |                              |                        |
|                   |           |       |                 |                  |               |                     |                              |                        |
| 1. Personal of    | details:  | Use   | e CAP           | ITAL LE          | TTERS ar      | nd write clearly    |                              |                        |
| Name:             | English   |       |                 |                  |               | <u> </u>            |                              |                        |
|                   | Hindi     |       |                 |                  |               |                     |                              |                        |
| Date of Birth:    |           |       | Day             | Month            | Year          | Age as on date      | Year                         | Month                  |
|                   |           |       |                 |                  |               | of advertisement    |                              |                        |
| Place of Birth:   |           |       | City / Village: |                  | State:        | Country:            |                              |                        |
| Father's          | Englisl   | h     |                 |                  |               |                     |                              |                        |
| Name:             | Hindi     |       |                 |                  |               |                     |                              |                        |
| Mother's          | English   | h     |                 |                  |               |                     |                              |                        |
| Name:             | Hindi     | -     |                 |                  |               |                     |                              |                        |
| Religion:         | IIIIIII   |       |                 |                  |               |                     |                              |                        |
| Aadhar No.        |           |       |                 |                  |               |                     |                              |                        |
| Nationality:      |           | Gend  | er              |                  | Category      |                     | Marital                      | Status                 |
| •                 | (         | Tick, | Whichever       | r is applicable) | ( Tick, Which | ever is applicable) | ( Tick, Wh                   | ichever is applicable) |
|                   | N         | Male  |                 |                  | SC            | ST                  | Single                       |                        |
|                   |           | Fema  | ale             |                  | ОВС           | General             | Married                      |                        |
|                   |           |       |                 |                  |               |                     |                              |                        |

|   | Name of<br>the Board /<br>University | Year              | Marks<br>Obtaine<br>d | Maximum<br>marks | %age of marks / CGPA with %age marks | Division | Subjects studied  |
|---|--------------------------------------|-------------------|-----------------------|------------------|--------------------------------------|----------|---|
| Matriculation (10 <sup>th)</sup>        |                                      |                   |                       |                  |                                      |          |   |
| Higher Secondary/<br>Intermediate(10+2) |                                      |                   |                       |                  |                                      |          |   |
| Bachelor's degree( Name of degree)      |                                      |                   |                       |                  |                                      |          |   |
| Master's degree                         |                                      |                   |                       |                  |                                      |          |   |
| M.Phil. in                              | Topic of the                         | M.Phi             | l. Dissertat          | ion:             |                                      |          |   |
| Ph.D.                                   |                                      |                   | Topic of the          | he Thesis:       |                                      |          |   |
| Any other                               |                                      |                   |                       |                  |                                      |          |   |
| Details of<br>JRF/NET/SLET/ SET         | Year Qualif                          | ied               | Subject               |                  |                                      | •        |   |
| JRF                                     |                                      |                   |                       |                  |                                      |          |   |
| NET<br>SLET                             |                                      |                   |                       |                  |                                      |          |   |
| 3. Present Assignme                     | nt.                                  |                   |                       |                  |                                      |          | •   |
| Designation                             | E                                    | mployo<br>the Org | er<br>ganisation)     |                  | Joining onth/Year                    | (Adh     | re of Appointment<br>noc/ Temporary/<br>nent/ Contractual |
|   |                                      |                   |                       |                  |                                      |          |   |

Educational Qualification: Attach self- Attested Photocopies of each examination

## 4. Past Work Experience (Please start from first appointment of the present position). Add additional rows, if needed.

|           | Nature of  |                       |                        |  |  | Experience |    |   |
|-----------|--|-----------------------|------------------------|--|--|------------|----|---|
| Post held | appointment (Regular/ Contractual/ Temporary/ Visiting/ Guest) | Pay<br>Scale/<br>Band | Basic<br>Pay<br>p.m.() | Gross/<br>Consolidated<br>Salary<br>P.m. | Employer (Name & address of the organization | From       | То | Total<br>Experience<br>In Years &<br>Months |
|           |  |                       |                        |  |  |            |    |   |
|           |  |                       |                        |  |  |            |    |   |
|           |  |                       |                        |  |  |            |    |   |
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|           |  |                       |                        |  |  |            |    |   |
|           |  |                       |                        |  |  |            |    |   |

**Proficiency in Computing : (on a scale of 1-10, where 10= the most proficient)** 

| Windows based Packages | Proficiency | Proficiency |
|------------------------|-------------|-------------|
| MS-Word                |             |             |
| Excel                  |             |             |
| Power Point            |             |             |
| Access                 |             |             |

|           |                 | Spoken |  | Written |  |
|-----------|-----------------|--------|--|---------|--|
| <b>5.</b> | Languages Known |        |  |         |  |
|           | 0               |        |  |         |  |
|           |                 |        |  |         |  |

| are <u>familiar v</u> | vith th  | e work/ professional | experience/ accomplish | ments       |  |
|-----------------------|----------|----------------------|------------------------|-------------|--|
|                       |          | 1                    | 2                      | 3           |  |
| Name                  |          |                      |                        |             |  |
|                       |          |                      |                        |             |  |
|                       |          |                      |                        |             |  |
| 0 4 4 4 1 1           |          |                      |                        |             |  |
| Contact Address       |          |                      |                        |             |  |
|                       |          |                      |                        |             |  |
|                       |          |                      |                        |             |  |
| Email:                |          |                      |                        |             |  |
|                       |          |                      |                        |             |  |
| Phone (landline)      |          |                      |                        |             |  |
| With STD Code:        |          |                      |                        |             |  |
| Mobile Phone No.      |          |                      |                        |             |  |
| E41 CTD C1-           |          |                      |                        |             |  |
| Fax with STD Code     |          |                      |                        |             |  |
|                       |          |                      |                        |             |  |
|                       |          |                      |                        |             |  |
| 7. Contact Deta       | ils of t | he Applicant:        |                        |             |  |
| Addres                | s for Co | rrespondence         | Permanen               | at address  |  |
| Addres                | 3101 00  | respondence          | Termanen               | it audi css |  |
| Name:                 |          |                      | Name:                  |             |  |
|                       |          |                      |                        |             |  |
| House No:             |          |                      | House No.              |             |  |
|                       |          |                      |                        |             |  |
| Street:               |          |                      | Street:                |             |  |
| C:4                   |          |                      | City                   |             |  |
| City:                 |          |                      | City:                  |             |  |
| State:                |          |                      | State:                 |             |  |
|                       |          |                      |                        |             |  |
| Pin Code              |          |                      | Pin Code               |             |  |
|                       |          |                      |                        |             |  |
|                       |          |                      |                        |             |  |
| Email                 |          | Phone No.            | Mobile No.             | Fax No.     |  |
|                       |          | (With STD Code)      |                        |             |  |

6. References: Please provide names of three persons who are not related to you and

| <b>Declaration:</b>                   |   |  |
|---------------------------------------|---|--|
| [ <b>,</b>                            | son/ daughter of  | hereby declare   |
| hat all the entries made by me in     | this application are true and correct to the be   | st of my knowledge. If anything is   |
| found false or incorrect at any sta   | ge, my candidature/ appointment may be can-   | celled by the university without   |
| assigning any reason thereof.         |   |  |
|                                       | Signature of the applicant:   |  |
|                                       | Name in Capital Letters:  |  |
| Date:                                 |   |  |
| Place:                                |   |  |
|                                       | (Unsigned application is liable to rejection  | )  |
| <b>Endorsement by the EM</b>          | PLOYER  |  |
|                                       |   |  |
| arded to the Doon University (State C | Government of University of Uttarakhand) Dehradu  | n, Uttarakhand, India – 248001   |
| applicant Dr./ Mr./ Mrs./ Ms          |   | _who has submitted this application for  |
| ost of                                |   | in the Doon University Dehradun  |
| een working in this organization nan  | nely  | in the   |
| ofin a tempora                        | ry/ contract/ permanent capacity with effect from   |  |
| e Scale of Pay/ Pay Band of           | He/ She i   | s drawing a basic pay of   |
| His/Her next incre                    | ement is due on   |  |
|                                       |   |  |
|                                       | (Si <sub>t</sub>  | gnature of the forwarding officer)   |
|                                       | N   | ame:   |
|                                       | De  | esignation:  |
| e:                                    |   |  |
| :                                     |   |  |
|                                       | (Seal)  |  |
|                                       | chat all the entries made by me in Found false or incorrect at any states assigning any reason thereof.  Date:  Place:  Endorsement by the EM ase of in-service candidates, whether e Head of the Department / Employer arded to the Doon University (State Grapplicant Dr./ Mr./ Mrs./ Ms ost of een working in this organization name of in a temporare escale of Pay/ Pay Band of test the said applicant. There is no object to the said applicant. There is no object the said applicant. There is no object the said applicant. | hat all the entries made by me in this application are true and correct to the be found false or incorrect at any stage, my candidature/ appointment may be can assigning any reason thereof.  Signature of the applicant:  Name in Capital Letters:    Coate: |