Roll No								
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Guru Nanak Dev University, Amritsar FORM OF APPLICATION FOR CLASS 'B' POST

(Total Fee 800/- * to be paid while submitting the form).

Affix an attested recent passport size photograph

Note:

- 1. Persons already in employment should send the applications through their employers, otherwise these will not be entertained.
- 2. All columns should be properly filled in. Incomplete applications in any respect are liable to be ignored.
- 3. The applications of the ineligible candidates are liable to be rejected without any intimation to the candidates concerned.
- 4. Total fees 800/-*(non-refundable) can either be deposited at Cash Counter, Guru Nanak Dev University, Amritsar or through a crossed A/c payee Bank Draft in favour of Registrar, Guru Nanak Dev University, Amritsar payable at Amritsar. (*Note: Rs. 400/- for SC/ST and Handicapped Person.)
- 5. Attested copies of all the certificates/Detail Marks Card/testimonials should be attached. Original will have to be shown at the time of the Interview.
- 6. Separate application is required for each post/department/station.
- 7. Please send the form of Application to Registrar, Guru Nanak Dev University, Amritsar-143005(Pb.)

1.	(i) Post applied for (give full name of the post)						
	(ii) Department/Office	Station:					
	(iii) Advertisement No.	Sr. No. of the Post					
2.	Name in full Mr./Miss/Mrs. (in b	lock letters)					
3.	Father's name (in block letters)						
1.	Sex: Male/Female						
5.	Present Postal address						
6.	Permanent Home address						
7.	Telephone No	E-Mail Address					
8.	(a) Date of Birth	(b) Place of Birth					
9.	(a) Nationality	(b)Name of the State of which you belong					
).	Whether you belong to:						
	(a) SC/ST (Yes/No):	(b) Backward Class (Yes/No):					
	(c) Sportsperson (Yes/No):	(d) (i) Ex Serviceman(Yes/No):					
	(d) (ii) Wife/ Ward of Ex-Serviceman (Yes/ No):					
	(e) Freedom Fighter(Yes/No):	(f) Person with Disabilities(Yes/No):					
) A	Handicapped Category: Blind/De	eaf or Physically handicapped					
	(i) Blindness of low vision	percent					
	(ii) Deaf/Hearing impairment	percent					
	(iii) Orthopedically handicapped_	percent					
	(Please state the correct position the competent authority in supp	n and attach an attested copy of the certificate issued					

11	Details	of (Onal	ifics	tione.
11.	Details	or	Juai	HICE	mons.

Name of the Examination Passed	Name of the University/ Board	Year of Passing	Subject(s) taken	Marks Obtained	Total Marks	%age of Total Marks Obtained/ Division	Mode of Exam Passed (Regular/Part Time/Distance Education/ Lateral Entry)

12. Whether married or single	
13. Are you in receipt of any kind of pension	

14. Have you ever been employed? If so, give details:

Name of the post held and/or nature of duties	Name of Office/deptt.	Period From to	Grade of pay and pay last drawn	Reasons for leaving the post

L				
1	5.	Pay acceptable	le:	

Languages including Indi	an Language	s. You can re	ad. write or	speak:		•••••
Can Speak only				d, write and peak	Examination passin the language	
For Ministerial posts onl	y):	English		Punjabi	Hindi	
(i) Speed in Computer	Typewriting	:				_
(ii) Speed in typewritin	g:					_
(iii) Speed in shorthand	:					
If selected please state w	hen you can	join				
Details Bank Draft attac	hed / Univers	sity Fee Rece	ipt No.:			
Name of Bank		Bank Draf	t No.	Date	Amount	
University Receipt	No	Date		Am	ount	
omversity Receipt	110.	Date		7 1111	ount	
Details of copies of certific	cate attached	:	(2)			
			` ,			
(3)(5)						
Any other information you	u wish to give	e:	(0)	•••••••	•••••	••••
I hereby solemnly declare understand that any mate dismissal.						
				S	Signature of the ap	pplicant
cee						
		IMENDATIO	ON OF TH	E EMPLOYE	ER	
						C .1
Place Date				Signat	ture & designation	on of the

Place _____ Date _____

Signature & Official Stamp of the Attesting Authority



Roll No.

(To be allotted by the Office) GURU NANAK DEV UNIVERSITY, AMRITSAR

ot./Office:	Station:	
		Affix an attested
me of the Applicant (in block letter	rs):	recent passport size photograph
her's Name (In block letters):		
e of Birth (DD/MM/YYYY):		
Signature of the Applicant		
Please fill in the fol	lowing slips for correspondenc	e address:
Roll No	Roll N	lo
Name	Name	
Father's Name	Father's Name	
Address	Address	
PIN : Contact No		Contact No
	Roll N	lo
Roll No		
Roll No	Name	
NameFather's Name	Father's Name	
Name	Father's Name	
NameFather's Name	Father's Name	