



**डॉ. हरीसिंह गौर विश्वविद्यालय**  
**DR. HARISINGH GOUR VISHWAVIDYALAYA**  
(A Central University established by an Act of Parliament)  
SAGAR, (M.P.) - 470 003  
Website: [www.dhgsu.ac.in](http://www.dhgsu.ac.in)

Advertisement No. .... Dated .....

**APPLICATION FORM FOR NON-TEACHING/ACADEMIC/TEACHING POSTS**

आवेदित पद/Post Applied For .....Code no.....	Affix recent Passport Size Photograph with Signature							
श्रेणी जिसके अन्तर्गत आवेदन किया है – सामान्य/अनु.जा./अनु.ज.जा/अ.पि.व. Applied Under category Gen / SC / ST /OBC .....								
शुल्क का विवरण/Particulars of Fee:								
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;"><b>Name of the Bank</b></td><td></td></tr><tr><td><b>DD No.</b></td><td></td></tr><tr><td><b>Date</b></td><td></td></tr><tr><td><b>Value</b></td><td></td></tr></table>		<b>Name of the Bank</b>		<b>DD No.</b>		<b>Date</b>		<b>Value</b>
<b>Name of the Bank</b>								
<b>DD No.</b>								
<b>Date</b>								
<b>Value</b>								

(Applicant must enclose with application form processing fee of Rs. 500/- for General / OBC category in the form of Demand Draft drawn in favour of "Registrar" Dr. Harisingh Gour Vishwavidyalaya, Sagar (Madhya Pradesh) payable at State Bank of India, University, Branch Sagar, Branch Code 1143. SC/ST and Physically Challenged candidates are not required to submit the demand draft.

1	पूरा नाम हिन्दी में (साफ अक्षरों में)			
	पूरा नाम अंग्रेजी में Full Name (In Block Letters):			
2	पिता/पति का नाम Father's /Husband's Name:			
3	पत्राचार का पूरा पता Address for correspondence (with PIN code):			
	मोबाइल Mob.			
	टेलीफोन Tel No. (with STD code):			
	फैक्स Fax			
	ईमेल E Mail.			
4	स्थायी पता Address for correspondence (with PIN code):			
	टेलीफोन Tel No. (with STD code):			
	फैक्स Fax			
3	जन्मतिथि Date of Birth :			
4	जन्म स्थान Place of Birth :			
5	आयु Age (as on the last date of the advertisement)	Years	Months	days
6	राष्ट्रीयता Nationality:			
7	लिंग Sex: Male/Female			
8	वैवाहिक स्थिति Marital Status: Married/Unmarried			
9	श्रेणी Category: Gen/ SC/ST/OBC /PC			
	Whether SC/ST/OBC :	Yes _____ NO _____		
	Whether Physically Challenged	1) Yes _____ 2) NO _____ (If yes, enclose certificate issued by the competent authority on the format prescribed by Govt. of India)		
	(i) Nature of Disability			
	(ii) Percentage of Disability			

**10. अकादमिक योग्यतायें Academic Qualifications (attach attested copies):**

Examination Passed	Year of Passing	Board/ University	% of Marks / Grade	Division	Subject	Remarks
High School						
Intermediate/ Hr. Sec.						
Bachelor's Degree						
Master's Degree						
Other						
Technical Qualification (If any)						

**13. Special subject of Study or branch of Specialization, if any:**

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**14. Details of publications Research papers/ Books in the previous 5 years:**

- a) National level research papers : \_\_\_\_\_  
b) International research papers : \_\_\_\_\_  
c) No. of Book published : \_\_\_\_\_

**15. Supervision/Guidance Experience : \_\_\_\_\_**

**16. Prize, Medal and Scholarship received, if any.**

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**17. Details of proficiency in computer application/software :**

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**18. Details of Experience:**

(If the space is not sufficient, please attach a separate sheet.)

Name of employer	Date of joining	Date of leaving	Position and Nature of duties	Salary and Grade Pay	Reasons for leaving the job, if any

**19. Language Known :**

Sl	Language	Reading	Writing	Speaking
1				
2				
3				

**20. Present Salary details:**

Pay Band : Rs. \_\_\_\_\_  
 Basic Pay : Rs. \_\_\_\_\_  
 Grade Pay : Rs \_\_\_\_\_  
 Dearness Allowance : Rs \_\_\_\_\_  
 HRA : Rs \_\_\_\_\_  
 Transportation Allowance : Rs \_\_\_\_\_  
 Any Other Allowance : Rs \_\_\_\_\_  
 Total emoluments : Rs \_\_\_\_\_

21. (a) Are you willing to accept the initial salary of the Grade ? (If No, state the minimum salary expected with justification thereof)

\_\_\_\_\_

(b) If appointed, what time would you require to join ?

\_\_\_\_\_

22. (a) Have you ever been debarred or punished for adopting unfair means in any Examination by the Institution/Board or University? If so, please specify.

\_\_\_\_\_

(b) Have you at any time been convicted by a court for any criminal offence? If so, give name of the court case number and offence.

\_\_\_\_\_

(c) Is any criminal case pending against you in any court of law for any criminal offence? if so, furnish details thereof.

\_\_\_\_\_

(d) Has any disciplinary action been taken against you by any University/Institution where you have served ?

\_\_\_\_\_

(e) Is any disciplinary inquiry/action pending against you in any University / Institution / Organization where you have served ?

\_\_\_\_\_

23. Additional Information (If any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Name and address with Phone No. and E-mail Id's of Two referees who are familiar with the applicant's work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **DECLARATION**

I hereby declare that all the entries in this application form are true to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any facts like category or educational qualifications etc. made in my application form I understand that I will be denied any employment in the University and if already employed on any of the posts in the University, my services will be terminated forthwith.

Place:

Date:

**Signature of the Candidate**

#### **Details of enclosures**

1.

2.

3.

4.

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## Endorsement by Employer

Certified that, Shri / Smt / Dr \_\_\_\_\_ is working in the post of \_\_\_\_\_ since \_\_\_\_\_ in the Pay scale of Rs. \_\_\_\_\_ in a temporary / contractual / permanent capacity. It is also certified that, the information furnished by the applicant is verified and correct as per our office records. There is no objection for his/her application being considered by Dr. Harisingh Gour University, Sagar (M.P.)

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(Head of the Institution/University/ Organization with Seal)

Address \_\_\_\_\_

Pin \_\_\_\_\_

Tel. No. \_\_\_\_\_

Date \_\_\_\_\_