



University of Kashmir

NAAC Accredited Grade 'A'
University Campus, Hazratbal, Srinagar-190006 (Kmr)

Roll No. _____
(to be filled in by office)

APPLICATION FORM

For appointment to the Non-Teaching Posts



Name of the post applied for _____
Deptt./Instt./Centre/Campus _____
(all the Particulars must be filled in by the candidate in/his 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 _____

Telephone No. _____ Mobile No. _____ Alternate No. _____

Note:- Any Change in Address should be immediately communicated to the Deputy Registrar Recruitment Section. All the Correspondence shall be made on the present address, given at S. No. 05.

7. Date of Birth _____ Marital Status _____

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

8. Academic Qualification

S. no.	Examination passed (Matric & onwards)	Year of passing	Maximum Marks	Marks Obtained	Division with % age of marks	University	Board	Subject
1.								
2.								
3.								
4.								
5.								

9. Appointments held (in Chronological order)

S. No	Position	From	To	Total period	Name & Address of the employer	Reasons for leaving the post	Pay

10. 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. _____

11. Details of Enclosures

- a) Bank Draft/Receipt No. _____ dated _____
- b. i) _____ ii) _____ iii) _____
- iv) _____ v) _____ vi) _____

c). Documents to be attached:

- i). Attested copy of Date of Birth ii). Attested copies of all marks/qualification Certificates
iii). Experience Certificate claimed by the Candidate v). Copy of State Subject.

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

Signature of 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 _____

Seal & Signature of Concerned Officer

For office use only

Remarks of the Screening Officer

Dated:- _____

Signature of Screening Officer



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ADMIT CARD



1. Name in full :- _____
2. Father's Name in full:- _____
3. R/o:- _____
4. Date of Test:- _____

Signature of Issuing Authority