



हिमाचल प्रदेश केन्द्रीय विश्वविद्यालय

Central University of Himachal Pradesh

पोस्ट बॉक्स नं.- 21, धर्मशाला, जिला - कांगड़ा, हिमाचल प्रदेश - 176 215
PO Box: 21, DHARAMSHALA, DISTRICT KANGRA, HIMACHAL PRADESH - 176 215
Phone No. 01892 - 229574, Fax No. 01892 - 229331, E-mail ID: registrar.cuhimachal@gmail.com

APPLICATION FORM FOR NON-TEACHING POSITION / OTHER ACADEMIC STAFF

Employment Notice No. Dated:

Post Applied for

Fix your latest photograph and sign across

Particulars of Demand Draft:

Draft No: _____ Dated: _____ Amount: _____ Name of the Bank and Issuing Branch
_____ Name of the Bank on which drawn _____

Applicant should enclose with this application form, processing fee of **₹500 /-** for general category and **₹125/-** for SC/ST/PWD in the form of Demand Draft from **any bank** drawn in favour of **Finance Officer, Central University of Himachal Pradesh** payable at **Dharamshala (HP)**.

1. PERSONAL DETAILS: Use CAPITAL LETTERS and write clearly

Name:	English					
	Hindi					
Date of Birth:	Day	Month	Year	Age as on last date of receipt of application	Year	Month
Place of Birth	City / Village			State	Country	
Father's Name	English					
	Hindi					
Mother's Name	English					
	Hindi					
Religion:						
Nationality :	Gender (Tick, whichever is applicable)		Category (Tick, whichever is applicable)		Marital Status (Tick, whichever is applicable)	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> SC <input type="checkbox"/> OBC	<input type="checkbox"/> ST <input type="checkbox"/> General	<input type="checkbox"/> Single <input type="checkbox"/> Married		
If physically challenged, indicate relevant particulars	Type of Disability			Percentage of Disability		

2. EDUCATIONAL QUALIFICATIONS: (Attached self-attested photocopy of marks sheet & degree of each examination)

	Name of the Board / University	Year	Marks Obtained	Maximum marks	%age of marks / CGPA with %age marks	Division	Subjects studied
Matriculation (10 th)							
Higher Secondary / Intermediate(10+2)							
Bachelor's degree (Name of degree)							
Master's degree (Name of degree)							
M.Phil. in	Title:						
Ph.D.	Date of Award of Degree:		Title :				
Any other							

3. CURRENT POSITION

Designation	Employer (Name of the Organisation)	Date of Joining (Date / Month / Year)	Nature of Appointment (Ad hoc / Temporary / Permanent / Contractual)	
Basic Pay p.m.	Pay Band	GP / AGP	Gross Salary p.m.	Increment Date (Date / Month)

4. PAST WORK EXPERIENCE *(Start from first regular appointment to present positions)*

Post held	Pay Scale / Band	Basic Pay p.m.	Gross Salary p.m.	Employer (Name & address of the Organisation)	Experience			Nature of assignment
					From	To	Total Experience in Years / Months	

5. Details of the Training Programmes attended:

Name of the Programme	Year	Duration (in days)	Organising Institution

6. Details of the Management Development Programmes attended:

Name of the Programme	Year	Duration (in days)	Organising Institution

7. Details of the Orientation Programmes / Training Programmes / Workshops attended:

Name of the Programme	Year	Duration (in days)	Organising Institution

8. Details of the Refresher Programmes attended:

Name of the Programme	Year	Duration (in days)	Organising Institution

9. Involvement in Research & Publications, if any:

Publications:	Numbers	Publishers / Journals	Communicated
Books			
Research Papers			
Articles			
Others			
Research Projects undertaken			
Major Research Projects Completed			
Major Research Projects ongoing			
Research Supervisions			
No. of Ph.Ds produced			
No. of Candidates enrolled for Ph.D			
Participations in Seminars / Conferences/ Workshops			
No. of Papers presented in national seminars / conferences			
No. of Papers presented in international seminars / conferences			

10. Any other Experience / Achievements / Qualifications considered to be relevant to the post applied for:

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11. References: Please provide names of three persons who are not related to you and are familiar with your work / professional experience / accomplishment

	1	2	3
Name and address			
Contact Address			
Email:			
Phone (landline) With STD Code:			
Mobile Phone No.			
Fax with STD Code			

12. Contact Details of the Applicant:

Address for Correspondence		Permanent Address	
Name:		Name:	
House No:		House No:	
Street:		Street:	
City:		City:	
State:		State:	
Pin Code:		Pin Code:	
Email:*	Phone No. (With STD Code)	Mobile No. *	Fax No.

* Mandatory

13. Declaration

I, _____ son / daughter of _____ hereby declare that all the particulars given in this application form are true and correct to the best of my knowledge. If anything is found false or incorrect at any stage, my candidature / appointment may be cancelled by the university without assigning any reason thereof.

Signature of the applicant: _____

Name in Capital letters: _____

Date: _____

Place: _____

Note:

1. Unsigned application is liable to be rejected and no correspondence will be entertained.
2. The University shall not be responsible, if any column is not filled up properly and legibly.

14. Endorsement by the EMPLOYER

(In case of in-service candidates, whether in permanent / contract / temporary capacity, the application must be endorsed / forwarded by the Head of the Department / Employer, failing which application is liable to be rejected.)

Forwarded to the Registrar, Central University of Himachal Pradesh, Dharamshala, District - Kangra, Himachal Pradesh, India - 176 215.

The applicant Dr./Mr./Mrs/Ms. _____, who has submitted this application for the post of _____ in the Central University of Himachal Pradesh, has been working in this organization namely _____ as _____ (name of the post), in a temporary / contract / permanent capacity with effect from _____ in the Scale of Pay/Pay Band of ₹ _____. He / She is drawing a basic pay of ₹ _____ His / Her next increment is due on _____.

Further, it is certified that no disciplinary / vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his / her application being considered by the Central University of Himachal Pradesh.

(Signature of the forwarding officer)

Name: _____

Designation: _____

Place: _____

Date: _____

(Seal)

15. Checklist of Documents Enclosed

Sl. No.	Documents	Tick (√)
1.	Matric / Secondary / High School (10 th Class) Marks Sheet	
2.	Matric / Secondary / High School (10 th Class) Certificate	
3.	Sr. Secondary / Intermediate (12 th Class) Marks Sheet	
4.	Sr. Secondary / Intermediate (12 th Class) Certificate	
5.	Bachelor's Degree Marks Sheet	
6.	Bachelors' Degree	
7.	Master's Degree Marks Sheet	
8.	Master's Degree	
9.	M. Phil. Marks Sheet	
10.	M. Phil Degree	
11.	Ph. D. Degree	
12.	API Score Sheet (<i>for Librarian and Deputy Librarian only</i>)	
13.	Experience Certificate(s) from previous employers:	
14.	Endorsement from the present employer	
15.	SC / ST / OBC / Handicapped Certificate	
16.	Others, if any:	

Note: List of Documents be checked & ticked properly. Any lapse on this account is liable for rejection of your form.