

VASANTA COLLEGE FOR WOMEN

(Admitted to the Privileges of Banaras Hindu University) KFI, Rajghat Fort, Varanasi

APPLICATION FORM FOR NON-TEACHING POST

| Advertisetment No Date | | | | | | | | | | | | |
|---|---|-----------|--------|----------|------------|-----------------------------------|-------------------------------------|-------|---|---------------------|--------|--|
| Post applied for | | | | | | | | | | | | |
| Department | | | | | | | | | | | | |
| If applying for more than one posts, give details | | | | | | | | | | | | |
| Regi | (For office use only) | | | | | f fee payment : Paste your recent | | | | | | |
| | of Enclosures Claimed | | | DD | DD No | | | | Paste your recent passport size photograph here and sign across the photo so that part of signature should | | | |
| | ched | | | Date | Dated | | | | | | | |
| 1 Ittu | | | | Ame | Amount | | | | | | | |
| | (\$ | ignature |) | Ban | k Name | | | | be on form | | | |
| | (2. | ignature, | / | | | | | | | | | |
| | | | | Brai | nch | 14404 | Ϋ́L. | | | | | |
| 1 | Name (In Capital Letters) | | | 4 | | | 1 t | | | | - | |
| 2 | Date of birth | Day | M | onth | Year | | on last date of gof the Application | n | Years | | Months | |
| 3 | Place of birth | City/V | ïllage | 1 | 6275 | State | | | Country | | | |
| 4 | Father's Name | | | 1 | - | | -1 | | | | | |
| 5 | Mother's Name | | | | | | | | | | | |
| 6 | Nationality | | | | | | | | | | | |
| 7 | Gender | Male/ | Female | /Tran | sgender | भव | | | | | | |
| 8 | Community/ Categor (Please strike out whichever are not applicable) | сy | SC/S | ST/OE | 3C/Other c | ategories | give details | | | | | |
| 9 | Marital status (Please strike out whichever are not applicable) | * | | | // ouse | | | | | | | |
| 10 | | | | | Yes/ No | Percenta disabi | • | of S. | | of proof of closure | | |
| a. Bl | indness or low vision: | | | | | | | | | | | |
| b. Hearing impairment | | | | | | | | | | | | |
| c. Locomotor disability or cerebral palsy (includes | | | | | | | | | | | | |
| | ases of Orthopaedically Address for correspond | | apped) | | | | | | | | | |
| (a) Mailing address | | | (b) | Permanei | nt address | | | | | - | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (c)] | E-mail | | | | (d) Mo | bile/Tele | phone | | | | | |

| | Name of | Name of | Year | Di | CGPA | % of Marks | Subjects | S. No. of |
|--|---------|--------------------------|--------|------------|----------------------------|--|----------|-----------------------|
| | course | the Board/ University | passed | visi on | (if grading is applicable) | (pl. indicate equivalent to CGPA also) | studied | proof of enclosure |
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
| 10th Class / equivalent | | | | | | | | |
| 10+2/Higher Secondary equivalent | | | | | | | | |
| Bachelor's degree | | | | | | | | |
| Master's degree | | | | 1 | - AVY VILL | - | | |
| Any Others | | | 4 | | SP1 | 444 | | |
| | | | | | | É. | | |
| | | | | | Same C | | | |

| 13. Chronologic | 13. Chronological list of experience (starting from current position/ employment) | | | | | | |
|-----------------|---|------------|-----------|---------------|------------------|-----------|-----------|
| Designation | | | | od of Experie | nce | Nature of | S. No. of |
| | & present | address of | From date | To date | No. of | work/ | proof of |
| | Basic & AGP | employers | | | years/ months | duties | enclosure |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
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* (Add separate sheet if required, to be annexed at relevant S. No.)

| 14. Details of Computer Course | S. No. of proof of enclosure | | |
|---|------------------------------|--|--|
| Name of the CourseName of the InstitutionDuration | | | |
| | | | |
| | | | |
| | | | |

* (Add separate sheet if required, to be annexed at relevant S. No.)

15. Names and complete postal addresses of 3 referees (The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant)

| to the applicant) | | | |
|--|-----------|------------------|-----------|
| | Referee-1 | Referee-2 | Referee-3 |
| Names, Designation & complete postal address | | | |
| Email: | | They want of the | |
| Phone (Landline) with STD code | 4 | | |
| Mobile No.: | - All | hard to | |
| Fax: | AL AN | - Pr | |

List of self attested testimonials attached (original to be produced at the time of interview)

| S. No. | Check List | S. No. of enclosure | No. of sheets |
|--------|--|---------------------|---------------|
| i. | 10th Class / equivalent mark sheet/ certificate | | |
| ii. | 10+2/Higher Secondary equivalent mark sheet / certificate | | |
| iii. | Bachelor's degree mark sheet/ certificate | | |
| iv. | Master's degree mark sheet/ certificate | | |
| V. | Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc) | | |
| vi. | Experience certificates | | |
| vii. | No Objection Certificate | | |
| viii. | Disability Certificate issued by competent Authority | | |
| ix. | | | |

Total number of sheets enclosed______ (please give sequential number to each sheet and signature with date).

Have you been reprimanded ever
 Give detail if yes _____

Yes/No

3

18. Declaration

| I, son/ daughter of hereby declare that all |
|---|
| the statements and entries made in this application are true, complete and correct to the best of my knowledge |
| and belief. In the event of any information found false or incorrect or ineligibility being detected before or after |
| the Selection Committee and Management meetings, my candidature/ appointment may be cancelled by the |
| College. |
| I have never been convicted or contemplated for any unlawful activity. |
| |
| Signature of the Applicant* |
| |
| Date : *Application not signed by the candidate is liable to be rejected |
| |
| 19. Endorsement by the EMPLOYER |
| a) In case of in-service candidates in Government/Semi-Government organizations/Public Sector Undertakings / Autonomous Organizations, the endorsement form must be signed by the employer. b) In case of in-service candidates from Private Sector, acceptance of resignation and relieving letter from the employer must be submitted at the time of joining. |
| |
| The applicant Dr./Mr./Mrs/Ms who has submitted this application for the post of in Vasanta College for Women, Varanasi, has been in employment in a temporary/ contract/ permanent capacity with effect from in the Scale of Pay of Rs He/She is drawing a basic pay of Rs 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 Vasanta College for Women and in the event of selection, he/she will be relieved to join Vasanta College for Women , Varanasi as per rules. |
| Signature of the forwarding officer |
| Name : |
| Designation: |
| Place: |
| Date: |