

Application No	.:					••••
	(To	be	filled	by	GI	MU)

APPLICATION FORM FOR ADMINISTRATIVE (NON-TEACHING) POSITION(S)

(Note: Please go through the Advertisement, Essential and Desirable Qualifications, General Conditions and Other Details given on the website www.gmu.edu.in carefully before filling-up the Application Form)

Post applied for (as given in advertisement):	
SECTION – A: GENERAL	
1. Full Name (In Block Letters): Dr./Mrs./Mss	Affix here a Recent Passport
2. Date of Birth: (In words)	size
3. Father's/Spouse's Name:	Photograph
4. Mailing Address:	
Pin Code	
Tel. No (with STD code):	
E-mail ID:	
5. Permanent Address:	•••••
Pin Code	
6. Marital Status:	
7. Nationality:	
8. Category: SC/ST/General	
9. Physical disability, if any:	

Name of the Applicant:-_ Signature with date:-



SECTION B:

CATEGORY I: TEACHING, LEARNING AND EVALUATION RELATION **ACTIVITIES**

10.	0. Educational Qualifications (Use separate sheet if required):								
S. No.	Examination/Degree		ne of Board/ Iniversity	Percentage of Marks/Final Grade	Subjec	t(s)	Year of Passing		
1	SSC (10 th Standard)								
2	HSC (12 th Standard)								
3	Bachelor's Degree ()								
4	Master's Degree ()								
5									
6									
7									
(Pleas	e attach self-attested photocopie	s of the	e marksheet in su	pport)					
11.	Whether Ph.D. awarded: Ye	s \square	No If Yes	s, indicate the year	r of award				
12.	Title of Ph.D. thesis awarded	l							
13.	13. Whether qualified CSIR/ UGC NET/SLET/SET Yes No								
(If yes, indicate the year, and attach a photocopy of NET/SLET/SET certificate)									
14. Details of Employment Experience: (In chronological order starting with the most recent): (Attach supporting document of each entry and use separate sheet if necessary)									
S. No.	Name of the Employer	Designation and Scale of Pay	Appointm hoc/Temp	Appointment (Ad		erience Years, 1s, Days)			

1 2 3 4 5

Name of the Applicant:-	
Signature with date:-	



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Total E	xperience: Year(s)Month(s)Day(s)	
15. Co	ontribution in organizing Training Course/Conference/Seminar/V	Vorkshop (If Any) :
S. No.	Particular	Institution
1		
2		
3		
4		
16. Pa	rticipation in Training Course/Conference/Seminar/ Workshop (If Any):
S. No.	Particular	Institution
1		
2		
3		
4		
CATI	EGORY II: OTHER MISCELLANEOUS INFORMATI (a) Other activities/Institutional Responsibilities including members	. ,
	Committees:	
	(b) Any other relevant information, if not given above:	



	ve you been p		g your serv	rice oi	r convicted	by a	Court	of	Law/
(b) Is an	y case/inquiry per	nding against yo	u in any Cou	rt of La	aw/ Organiza	ation? If	f yes, gi	ve de	tails:
	e you at any tim ged or dismissed						our resi	gnati	ion or
Names	and Addresses o	f Two Referees	(not related	to you) with phon	e and e	mail ID):	
st of Enc f require	elosures: (Shou ed)	ıld be properly	marked w	ith an	nexure nui	nber, a	and use	e sep	arate
/No	Total No.	Annexure No	э.						
			(a)		y of Marksh ational Qua			cate	of
			(b)	Сору	y of Experie	nce Cei	rtificate	(s)	
			(c)		Certificate				

Name of the Applicant:-	
Signature with date:-	



21. Fees

Amount:	Demand Draft No.:.		Date:	•••••
Drawn On.:			. (Name of the	Bank)
22. DECLARATION TO	BE SIGNED BY TH	E CANDIDATE:		
I hereby, declare that the the best of my knowledge am found to have coapplication/appointment compensation. I hereby declare that I padvertisement.	and belief and that not ncealed/distorted any shall be liable to so	hing has been concealed information or given ummarily rejection/term	or distorted. If a any false sta nination withou	at any time, I stement, my st notice or
Date:				
Place:		(Signate	ure of the Appli	icant)
Forwarded with the remains organization in the capascale and the candidature of the app	acity asgrade pay	from The institution/ orga	nization has no	in pay
He/ She will be relived as	-		is useve.	
Place:		Signature of Head/F	Registrar of the	Institution
Date:		Name:	S	
Fax:		Designation:		
E-mail:	_	Address:		
		(Offic	ce Stamp)	

Name of the Applicant:-___ Signature with date:-____