



# CENTRAL UNIVERSITY OF PUNJAB

## Application Form for Recruitment of Non Teaching Staff

**Note:** The information marked \* is mandatory

* Candidate's Name	<input type="text" value="asds"/>		
* E-Mail	<input type="text" value="b@a.com"/>		
* Mobile No.	<input type="text" value="9463069882"/>		
* Name of the post applied for	<input type="text" value="Medical Officer"/>		
* Father's Name	<input type="text" value="asdsd"/>	E-Mail <input type="text" value="sdkj l@ sldk .com"/>	Mobile No. <input type="text" value="sded eojd e@ sld"/>
* Mother's Name	<input type="text" value="sadasd"/>	E-Mail <input type="text" value="asd elk@cd.com"/>	Mobile No. <input type="text" value="sdcelfeo@sdd.com"/>
* Date of Birth	<input type="text" value="adasdasd"/>		
* Marital Status	<input type="text" value="Married"/>		
Aadhar Card No.	<input type="text" value="asdasd"/>		
* Nationality	<input type="text" value="Indian"/>		
* Gender	<input type="text" value="Male"/>		
* Category (Gen/SC/ST/OBC)	<input type="text" value="General"/>		
* Person with Disability	<input type="text" value="Yes"/>		
* Kashmiri Migrant	<input type="text" value="No"/>		
* Ward of Defense Personnel	<input type="text" value="Yes"/>		
* State of Domicile	<input type="text" value="Himachal Pradesh"/>		
* Communication Address	<input type="text" value="asdssadsdasd"/>		
	* City: <input type="text" value="asdsd"/>	* District: <input type="text" value="asdsd"/>	* Pin Code: <input type="text" value="asdsd"/>
* Details of application fee	* Bank Name <input type="text" value="asdsd"/>	* City <input type="text" value="asdsd"/>	* D.D.No. <input type="text" value="sdsd"/> * Date <input type="text" value="sdsd"/>

You are suggested to save your data [Click Here](#) , and edit the remaining form afterwards.

### Educational Qualifications

Examination	Course Name	Board/ University	Year of passing	% Marks	Marks Obtained	Maximum Marks	Roll No.	Subjects
10+2/Intermediate	<input type="text" value="Senior Secondary"/>	<input type="text" value="asd sad"/>	<input type="text" value="qwe wqe"/>	<input type="text" value="qw3"/>	<input type="text" value="we wd"/>	<input type="text" value="awd w"/>	<input type="text" value="f33w"/>	<input type="text" value="wepokas"/>
Graduation	<input type="text" value="B.Sc.B.Ed"/>	<input type="text" value="wewe qwe"/>	<input type="text" value="qwerte"/>	<input type="text" value="adqwd"/>	<input type="text" value="asd das"/>	<input type="text" value="asd"/>	<input type="text" value="3w2"/>	<input type="text" value="sdwl"/>
Post Graduation	<input type="text" value="M.Dance"/>	<input type="text" value="qwe"/>	<input type="text" value="htfg"/>	<input type="text" value="2wedw"/>	<input type="text" value="000w"/>	<input type="text" value="f3ws"/>	<input type="text" value="gee"/>	<input type="text" value="asd"/>
Other Degree / Diploma	<input type="text" value="jskl"/>	<input type="text" value="skdjsl"/>	<input type="text" value="askd;"/>	<input type="text" value=";askdj;"/>	<input type="text" value="asd;lk;"/>	<input type="text" value="asklj;"/>	<input type="text" value="asdll"/>	<input type="text" value="as;ld"/>

Other Degree / Diploma	llks	kiso	ljek	hfuj	lpps	senm	lldem	kskd
Other Degree / Diploma	sdjk	hjkj	sdjk	ujdi	loskm	kosl	iujsd	oisdk

#### Experience (starting from the current employment)

Designation	Scale of Pay	Name & address of employer	Period of Experience			Nature of work / duties	Sr. No. of proof enclosed	Reason for leaving
			From date	To date	No. of years & months (As on date of advertisement)			
hjsdh	klisiu	jusidj	oplsdj	jusik	djsu	jusdh	jusdij	
iusdj	usjdi	sdujsh	bbdhd	sdbsh	bfjdkd	;pasd	kosdk	asdkjkh
askdji	asdksd	askdj	adjk	aksd	poosdk	oksdkm	mmsdj	nmnsbn
nnsdjm	kljsjd	hjsud	jksdo	sdsd	sdd	mmsd	mmsdm	mmsdm
losp	sodp	sdoorej	sndje	lasndkln	asdkne	alkn	asdknq	anksdkle
sdmrnwj	adknjke	adknejkn	asdknken	adknek	adskne	knasdkne	aksndek	sdekn

Total Experience (As on date of advertiesment)	Years	ksnde	Months	sdkne
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#### CSIR-UGC-NET (JRF, LS), DBT-JRF, GATE, GPAT/ any other Exam(s) recognised by UGC

Name of Examination	Year of Passing	Roll No	Score
asdken	asdkne	dekn	asdkne
edekn	edeknes	sdkned	ksndek
sdednk	sdeknde	ksndek	sdkne

#### Details of Fellowship(s) / Scholarship / Awards Awarded / Position, if any

Name of Awarding Agency	dnekn
Period / Year of Award	sdknedk
Amount of Fellowship / Scholarship e.t.c (Rs.)	dedkn
Position in the University / Board	ededk

#### Research Experience (if any)

Research Experience (if any)		
Name of Institute	eekke	
Area of Specialization	sdpelepl	
Duration	Year(s) pekdeo	Month(s) sodjedji

Number of Publications	International	National	Total
	2	2	4

#### Address for communication including full name

Permanent address	
sadekde kdje jedejk	
Tel. No. with STD code	Fax number

<input type="text" value="sdkje dekj"/>	<input type="text" value="sdkejd"/>
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<a href="#">Any Other Information</a>	<div><div>sde dkejkd jediejfjffj</div><div></div></div>
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<div>Save &amp; Submit</div> <div>Reset</div>
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