

CENTRAL UNIVERSITY OF PUNJAB

Application Form for Recruitment of Non Teaching Staff

Note: The information marked * is mandatory								
* Candidate`s Name	asds							
* E-Mail	b@a.com							
* Mobile No.	9463069882							
* Name of the post applied for	Medical Officer ▼							
* Father's Name	asdsd	E-Mail sdkj l@ sldk .com	Mobile No. sded eojd e@ sld					
* Mother`s Name	sadasd	E-Mail asd elk@cd.com	Mobile No. sdcelfeo@sdd.com					
* Date of Birth	adasdasd							
* Marital Status	Married ▼							
Aadhar Card No.	asdasd							
* Nationality	Indian							
* Gender	Male •							
* Category (Gen/SC/ST/OBC)	General ▼							
* Person with Disability	Yes v							
* Kashmiri Migrant	No v							
* Ward of Defense Personnel	Yes v							
* State of Domicile	Himachal Pradesh	v						
* Communication Address	asdssadsdasd							
	* City: adsd	* District: asdsd	* Pin Code: asdsd					
* Details of application fee	* Bank Name asdsd * City asdsd * D.D.No. sdsd * Date sdsd							
You are suggested to save your data Click Here, and edit the remaining form afterwards.								

Educational Qualifications

Course Name	Board/ University	Year of passing	% Marks	Marks Obtained	Maximum Marks	Roll No.	Subjects	
Senior Secondary ▼	asd sad	qwe wqe	qw3	we wd	awd w	f33w	wepokas	
B.Sc.B.Ed ▼	wewe qwe	qwerte	adqwd	asd das	asd	3w2	sdwl	
M.Dance ▼	qwe	htfg	2wedw	000w	f3ws	gee	asd	
jskl	skdjsl	asdk;	;asdkj;	asd;lk;	asdklj;	asdll	as;ld	
	Senior Secondary B.Sc.B.Ed M.Dance	Senior Secondary ▼ asd sad B.Sc.B.Ed ▼ wewe qwe M.Dance ▼ qwe	Senior Secondary ▼ asd sad qwe wqe B.Sc.B.Ed ▼ wewe qwe qwerte M.Dance ▼ qwe htfg	Senior Secondary ▼ asd sad qwe wqe qw3 B.Sc.B.Ed ▼ wewe qwe qwerte adqwd M.Dance ▼ qwe htfg 2wedw	Senior Secondary ▼ asd sad qwe wqe qw3 we wd B.Sc.B.Ed ▼ wewe qwe qwerte adqwd asd das M.Dance ▼ qwe htfg 2wedw 000w	Senior Secondary asd sad	Senior Secondary asd sad qwe wqe qw3 we wd awd w f33w B.Sc.B.Ed wewe qwe qwerte adqwd asd das asd 3w2 M.Dance qwe httg 2wedw 000w f3ws gee	

Other Degree / Diploma	liks	kiso	jiek		hfuj		Ipps		senm		lldem	kskd	
Other Degree / Diploma	sdjk	hjkj	sdjk		ujsdi	i loskm			kosl		iujsd	oisdk	
Experience (starting from the current employment)													
Exponence (ottaiting in		Period of Experi			perie								
Designation Scale of Pay		Name & address of employer			To date	o date No. of years & month on date of advertisen		vears & months (As of advertisement)	Nature of work / duties		Sr. No. of proof enclosed	Reason for leaving	
hjsdh	klsiu	jusidj	oplsdj	oplsdj		sik			jusdh		jusdij]	
iusdj	usjdi	sdujsh	bbdhd		sdbsh	bfjkdk		;pasd		kosdk	asdkjhk		
askdji	asdksd	asdkj		aksd	aksd poosdk		oksdmk		mmsdj	nmnsbn			
nnsdjm	klsjd	hjsud	jksdo		sdsk		sdd		mmsd		mmsdm		
losp	sodp	sdooej	sndje		lasndkln		asdkne		alkn		asdknq	anksdkle	
sdmnwj	adknjke	adknejkn	asdknker	n	adknek		adskne		knasdke		aksndek	sdekn	
	1	1									1		
Total Experience (As on	date of advertiesment)		,	Years ksi	nde					Months	sdkne]	
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	e of Examination	any other Exam(s) recognise	Year of Passing				Roll No				Score		
asdken	asdken asdkne					dekn		dekn			asdkne		
edekn		edekı	edeknes				sdkned				ksndek		
sdednk		sdeki	nde	e			ksndek				sdkne		
Details of Followshin/s	s) / Scholarship / Awards Av	rorded / Position if any											
Name of Awarding Ager		dnekn											
Period / Year of Award sdknedk													
Amount of Fellowship / Scholarship e.t.c (Rs.)													
Position in the University / Board ededk													
Name of Institute	tesearch Experience (if any) Name of Institute eekke												
Area of Specialization sdpelepl													
Duration Year(s) pekdeo									Month(s) sodjedji				
Number of Publications 2 ▼				National			▼	Total 4 ▼					
Publications 2 v													
Address for communication including full name Permanent address													
sadekde kdje jedejk													
								4					
Tel. No. with STD code							Fax number						

sdkje dekj		sdkejd				
Any Other Information	sde dke	gkd jediejfjffj				
	Save & Submit	Reset				