**MEDI-CAPS UNIVERSITY**

**A.B.ROAD, PIGDAMBER, INDORE 453331(M.P.)**

Affix Photo here

**Ph.(0731) 4259500,4259548 Fax. (0731)4259501**

**Application for the post of …………………………………………………..…..**

Name :……………………………………………………………………..

Gender : M/F……. Date of Birth...…:……………Marital Status………………….

Father’s /Mother’s Name**:**…………………………….Spouse’s Name …………….……………..

Address :……………………………………………………………………………..

………………………………………………………………………………

………………………………………………………………………………

Tel No. (With STD Code):( Resi)…………………………………… (M)……………………......

E-mail :……………………………………………………………..........................

Highest Qualification :……………………………….Specialization……………………………..

Category (Gen/OBC/SC/ST/Minority): ……………… Physical disability (Yes/No) ... ………….

Academic Qualification Record (Attach Photocopy of Mark Sheet)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Exam | Board /University | Year of Passing | Specialized Subject(s) | Marks  % | Div/  Grade |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

UNDER GRADUATE (Theory Marks):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Semester | I | II | III | IV | V | VI | VII | VIII | TOTAL | % |
| Marks obtained |  |  |  |  |  |  |  |  |  |  |
| Out of |  |  |  |  |  |  |  |  |  |  |
| No. of attempts |  |  |  |  |  |  |  |  |  |  |

POST GRADUATE (Theory Marks):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Semester | I | II | III | IV | V | VI | TOTAL | % |
| Marks obtained |  |  |  |  |  |  |  |  |
| Out of |  |  |  |  |  |  |  |  |
| No. of attempts |  |  |  |  |  |  |  |  |

Additional Qualification(s) :…………………………………………………………......………

Title of UG Project :……………………………………………………………………..

Title of PG Project :……………………………………………………………………..

Title of Ph.D :………………………………………………………………..……

Publication(s) (attach list if space is inadequate):

Experience (Recent First):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Organization | Designation | Pay Scale | Grade Pay | Duration | | Total Experience |
| From | To |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

Current Emolument ………………………. Expected Emolument ………………………

Reference (Two with Phone No.)

1. ……………………………………... (2)…………………………...…………..

…………………………….............. ………………………………………

I …………………………………………solemnly declare that the information given in this form is correct to the best of my knowledge.

Date : Signature of Candidate