



Srimanta Sankaradeva University of Health Sciences

Narakasur Hilltop, Bhangagarh, Guwahati-781032, Assam

APPLICATION FORM

(For Recruitment for the Post of against Advertisement No.)

Details of Demand Draft/ Online payment

No. Date..... Amount:

Issuing Bank & Branch in case of Demand Draft.....

Application For

Paste a self-attested recent passport size photograph

1. (a) Post Applied for:

2. Full Name of the candidate:

3. Father's Name:

4. Category (GEN/OBC/SC/ST):.....Physically disabled (if any):

5 (a) Date & Place of Birth:

5 (b) Age as on 01.01.2018: _____ Years _____ Months _____ Days

5(c) Are you a citizen of India and if so how? (Copy of Citizenship Certificate should be enclosed where necessary).....

6. Sex:

7. Address :

(a) Correspondence Address

.....
.....

Fax: Cell:..... Email:

(b) Permanent Address

.....
.....

Phone (R): Phone (O):.....

Fax: Cell:..... Email:

[Full signature of applicant with date]

8. Educational qualifications [starting from matriculation or equivalent]

Degree	College & University	Year of Passing	Class/Div. & % of marks/grade	Subject/discipline/specialization

9. Employment Exchange Registration Number (If applicable for the post as per advertisement):

10. Computer Proficiency:

11. Professional qualification/training, if any:

[Give details in separate sheet if space is not sufficient].

12. Employment Details:

Organization	Position Held	Period		Pay Scale &	Functional	Annexure
		From	To	Basic pay	Activities	No.

13. Name and address of the present employer:

14. Present Pay Details: (Scale of Pay, Basic Pay, Gross Pay etc)

15. Any other relevant information that you would like to mention in support of your candidature:

[Full signature of applicant with date]

16. Referees: Name addresses, contact numbers and Email IDs of two referees:
 (Referees should not be related to the candidate)

1	2
Name:.....	Name:.....
Address:.....	Address:.....
PIN Code:.....	PIN Code:.....
Phone:..... Fax.....	Phone:..... Fax.....
Email:.....	Email:.....

17. List of enclosures:

(Please attach Copies of Certificates, Sanction Orders, Papers etc. wherever necessary)

(1)		(8)	
(2)		(9)	
(3)		(10)	
(4)		(11)	
(5)		(12)	
(6)		(13)	
(7)		(14)	

Declaration

I hereby declare that information furnished above is true to the best of my knowledge and belief. If at any time I am found to have concealed any material information or given any incorrect data, my candidature will be cancelled and appointment, if made, may be terminated without notice and compensation.

Date:

Place:

[Full signature of applicant with date]