



SHREE SOMNATH SANSKRIT UNIVERSITY

(Estd. By Government of Gujarat)

(Accredited Grade A+ by NAAC)

Rajendra Bhuvan Road, Veraval, Dist. Gir Somnath (Gujarat)-362265

Phone No.02876-244532, Fax No. 02876-244417



Post applied for: Administrative Officer (11 Month Contractual)

Paste recent
photo with
signature

(Last date of receipt of the application form: 08/04/2024)

(Note: Filled up applications in one self attested copy must be sent by Registered Post A.D / Speed Post only)

1. Name of Applicant: _____
(Surname) (Name) (Father's/Husband's Name)

2. Address:-

(1) For correspondence:

(2) Permanent Address:

PIN:- _____ Ph: _____

PIN:- _____ Ph: _____

3. Mobile Number: _____ **4. PAN No. :** _____

5. E-mail: _____ @ _____ **6. Adhaar No :** _____

7. Mother Tongue: _____ **8. Nationality:** _____

9. Date of birth: ____/____/____ Age: Year ____ Month ____

10. Category: - (Attach recognized certificate for the reserved candidate)

SC [] ST [] SEBC [] EWS [] Handicapped [] Others []

11. Marital status:- _____

12. Educational Qualifications: Attach self-attested photocopies of all Mark sheets & Degrees of each examination

Examination	Name of the Board/University	Year	% Age of marks	Division	Subject studied
Higher Secondary (10+2)					
Bachelor's Degree _____					
Master's Degree _____					

13. Present Job:

Designation	Employer (Name of the Organization)		Date of Joining Date/ Month/Year	Nature of appointment (Adhoc/Temporary/Permanent)
Basic Pay p.m. (Rs.)	Pay Band (Rs.)	GP/AGP (Rs.)	Gross Salary p.m. (Rs.)	Increment Date (Date/Month)
Nature of work :-				

14. Past Work Experience:

Post held	Pay Scale/ Band	Employer (Name & address of the Organization)	Experience			Nature of Work
			From Date	To Date	Period	

(Attach above all Appointment Orders)

15. Please give name, address and contact number of two persons for Reference.

Reference-01	Reference-02
E-mail:	E-mail:
Mobile:	Mobile:

16. Details of attachments: (Attach self-attested photo copies)

- (1) Proof of Date of Birth (School Leaving Certificate or Birth Certificate)
- (2) Aadhaar Card's Photocopy
- (3) Certificate of SC/ST/SEBC/EWS/Handicapped.(Certificate No. _____ Certificate Issuance Date _____)
- (4) Certificates of Educational Qualifications.
- (5) Experience Certificates (If you have teaching experience in a Self Finance Institution, please submit copy of concerned University Recognized Letter/Orders)
- (6) N.O.C. of present employer.
- (7) Any Other document, if necessary in support of any claim.

CERTIFICATE

I hereby declare that the information given in the application is true according to my knowledge and belief. I have not given any wrong or incomplete information. I know that in case of any false information is found on my part after my appointment; my service is liable to be terminated without any notice. I have read the instructions given along with the application form and understood the same and I abide myself to it.

Date ___/___/2024

Place _____

(Signature of the applicant)

(For use of Applicant in Employment)

Forwarded with the remarks that the above statements made by the applicant are correct to the best of my knowledge and belief, and this institution / organization has no objection to the candidature of the applicant being considered for the post applied for.

Date ___/___/2024

Place: _____

Signature of Head of the institution

Designation _____

Address _____

Phone Number _____