

**Processing fee (Non-Refundable) to be paid through only Demand Draft of Nationalized Bank or Scheduled Bank only.**

For SC, ST, and Handicapped - Rs.500

For other applicants - Rs.1000

D.D. Amt. Rs. \_\_\_\_\_ DD No.: \_\_\_\_\_ Bank \_\_\_\_\_ DD Date: \_\_\_\_\_



## શ્રી સોમનાથ સંસ્કૃત યુનિવર્સિટી, વેરાવલ

(Estd. By Government of Gujarat)

Rajendra Bhuvan Road, Veraval, Dist. Gir Somnath (Gujarat)-362266

Phone No.(02876)244532, Fax No.244417

### Advertisement No.: 02/2024

**Post applied for:- Registrar**

**(Last date of receipt of the application form: 17/08/2024)**

(Note: Use a separate application form for each post. Filled up applications in **THREE COPIES** must be sent by Registered Post A.D. Post or Speed Post only)

Paste recent  
photo with  
signature

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 [ ] Handicapped [ ] Others [ ]

11. Cast: \_\_\_\_\_ 12. Marital status:- \_\_\_\_\_

13. PwD: **Yes / No**

(If, **Yes**, Prescribe your disability as per Government of Gujarat GR No. :૫૨૨/૧૫૨૦૨૪/ CHE-33/૫, Dated: 03/06/2024.) (Kindly Attached PwD Certificate issued by Competent Authorities)

**14. 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 _____					

**15. Present Assignment:**

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 :-				

**16. Past Work Experience: (Kindly attach related certificates)**

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

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

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

**18. 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/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) and Pay Scale
- (6) Vigilance Certificate (as per Performa)
- (7) Character Certificate
- (8) N.O.C. of present employer.
- (9) 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 \_\_\_\_\_

## Vigilance Clearance Certificate

This is to certify that neither Vigilance case/disciplinary/criminal proceedings are pending nor contemplated against Prof./Dr./Mr. ....  
..... working as .....  
in the .....  
University/Institute/College ..... (City & State) in the Academic  
Pay level - ..... He / She is clear from Vigilance/disciplinary/criminal proceedings.

Place: \_\_\_\_\_

Signature of Head of the Institution

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Fax: \_\_\_\_\_

Designation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Rubber Stamp)