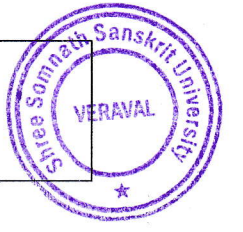




**श्री सोमनाथ संस्कृत युनिवर्सिटी, वेरावल**  
(Estd. By Government of Gujarat)  
Rajendra Bhuvan Road, Veraval, Dist. Gir Somnath (Gujarat)-362266  
Phone No.(02876)244532, Fax No.244417



## Application Form for the post of Office cum Account Assistant

Processing fee (Non-Refundable) **Processing Fee to be paid through only Demand Draft**

D.D. Amt \_\_\_\_\_ DD No.: \_\_\_\_\_

Bank \_\_\_\_\_ DD Date: \_\_\_\_\_

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 [ ] 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					

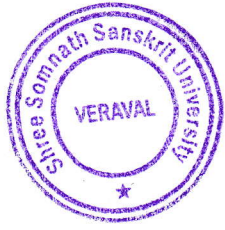
**13. Present Job:**

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.

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**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 \_\_\_\_/\_\_\_\_/2021

Place \_\_\_\_\_

\_\_\_\_\_  
(Signature of the applicant)

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**(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 \_\_\_\_/\_\_\_\_/2021

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

\_\_\_\_\_  
Signature of Head of the institution

Designation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Phone Number \_\_\_\_\_