





**(b) Professional Qualifications:**

Institution	Qualifications Obtained	Date of Commencement			Effective Date			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

**(C) Postgraduate Qualifications :**

Postgraduate Degree/Diploma	University	By Course or By Research	Date of Commencement			Effective Date			Duration (Prescribed period of Registration)
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									
5.									

**(d) Training/Workshops attended:**

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop	From			To			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								



**(b) Previous appointments if any, with dates:  
(Attach copies of service certificates)**

Post	Department/ Institution	Period of Service						Salary Scale	Reason for Cessation of Employment
		From			To				
		Year	Month	Date	Year	Month	Date		

**15. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :**

Years	Months	Days

**(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :**

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**16. Extra Curricular activities :  
(If space is insufficient, please use separate sheet of same size)**

	Event	Achievements	Level
Sports			

Other Certificates	Subject	Level
Positions held in Professional Body/Societies/ Organizations/etc.	Positions	Professional Body/Society//Organization
Achievements		

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**17. (Names of two non related referees with addresses and Contact Nos. )**

Name	Designation	Address	Contact No: Email Address
1.			
2.			

**I do hereby certify that particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment .**

**Date:** .....

.....  
**Signature of Applicant**

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**For Internal Applicants Only.**

**Secretary,  
University Grants Commission.**

**Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 14 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.**

**Remarks if any :**

**Vice-Chancellor/Secretary/Registrar  
Rector/Director/SAS/Personnel/UGC**

**Institute:.....**

**Date: .....**

**For public Service/ Corporation/ Statutory Board Candidates only**

**Secretary,  
University Grants Commission.**

**Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 14 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.**

**Remarks if any :**

.....  
**Signature of the Head of the  
Governing Body & Official Stamp**

**Name :.....**

**Designation :.....**

**Date :.....**