



GOVT. ENGINEERING COLLEGE BHARATPUR

(An Autonomous Institution of Govt. of Rajasthan under Society Act)

Village- Shyorana, National Highway – 11 Bharatpur

www: ecbharatpur.ac.in

Telephone: 05644-260310 (O)

APPLICATION FORM FOR THE POST OF.....

Advertisement No. _____

Attention: If necessary, the detailed relevant information may be given on extra sheet as enclosure

D.D. / IPO No. _____ Amount: _____ Dated: _____ Bank Name: _____

FOR OFFICE USE ONLY Form Received on: _____ Registration No. : _____

1. Name (In Block Letters): _____

2. Father's/Husband's Name: _____

3. Mother's Name: _____

4. Date and Place of Birth: _____

5. Age (As on 03.09.2013): _____

6. Male/Female: _____

7. Married/Unmarried: _____

8. Nationality: _____

9. Religion: _____

10. Category: Gen/ SC/ST/OBC/ PH/Any other Type _____ Enclose Proof _____

11. Address for:

Present Correspondence:

Permanent Correspondence:

PIN Code: _____ Email. ID: _____

PIN Code: _____ Email. ID: _____

Tel. No: Land: _____ Mobile: _____

Tel. No: Land: _____ Mobile: _____

Recent Self Attested

PHOTOGRAPH

12. EDUCATIONAL QUALIFICATION

Examination/ Degree	Board/ University	Subjects/ Specialization	Year of Passing	CGPA / Marks in%	Division	Encl. No.
High School/ Secondary						
Sr. Secondary School						
Graduation						
Post Graduation						
Additional Qualifications if any						

13. Have you, as a student / employee, participated in co-curricular events? If so, give details:

14. Have you been recipient of any Scholarship/ Reward /Honor as a student or an employee? If yes, give details:

PROFESSIONAL CAREER

15 Details of appointments and experience (in chronological order):

S. No	Post Held	Organization	Pay Scale	Basic Pay	Period			Encl. No.
					From	To	Total Exp.	

16. Have you been punished during your studies at College/University, your service or convicted by court of Law? If so, give details with reasons:

17. Were you, at any time, declared medically unfit or discharged/dismissed from service? If yes, give details:

GENERAL INFORMATION

18. Give name, designation, and addresses of at least three senior professionals/Executive, not related to you but well acquainted with your academic performance and conduct of service:

(a)	<div>-----</div> <div>-----</div> <div>Pin Code</div> <div>Phone</div>	(b)	<div>-----</div> <div>-----</div> <div>Pin Code</div> <div>Phone</div>
(c)	<div>-----</div> <div>-----</div> <div>Pin Code</div> <div>Phone</div>	(d)	<div>-----</div> <div>-----</div> <div>Pin Code</div> <div>Phone</div>

19. Name and Address of your Present employer (If in service)

Pin Code Phone

20. Present Pay-Scale:

21. Present Basic Pay
22. Other Allowances

23. Total Emoluments

24. Date of Increment

25. Nature of post being presently held: (Permanent/Temporary/Ad-hoc/Contractual Appointment)

26. If appointed, the maximum time required joining the duty?

27. Any additional information, you wish to give? (Attach extra sheet)

DECLARATION TO BE SIGNED BY THE CANDIDATE

I _____ S/o/D/o/W/o _____
 hereby, declare that I have read general terms & conditions and the information furnished by me in application form is true to the best of my knowledge and belief. If, any time, it is found that any information has been concealed or detected false; my candidature / appointment may be summarily rejected /terminated without any notice or compensation.

Place: _____
 Date: _____

Signature of the Applicant
 Address: _____

CERTIFICATE FROM THE EMPLOYER

(This certificate must be signed by the Head of Department/Employer in case of the candidate already in service whether in permanent or temporary capacity)

No. _____ Dated: _____
 Shri/Smt./Dr. _____ bearing the designation
 of _____, holds the post in our Institution/ Organization in permanent /
 temporary capacity.

He / She, at present, draws the basic pay of Rs _____ per month in the pay-scale of
 Rs. _____ This Institution / Organization has no objection to the candidature of the applicant being
 considered for appointment to the post applied for in this application.

Place: _____

Date: _____

Signature of the forwarding Authority

Name
 Designation

Seal of the Institution/Organization