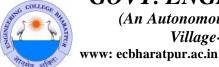
GOVT. ENGINEERING COLLEGE BHARATPUR



Tel. No: Land: Mobile:

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

Village- Shyorana, National Highway – 11 Bharatpur

v: 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. FOR OFFICE USE ONLY Amount: Form Received on: Dated:___ Bank Name:___ Registration No. : 1. Name (In Block Letters): 2. Father's/Husband's Name: Recent Self Attested Mother's Name: **PHOTOGRAPH** 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: ____

12. EDUCATIONAL OUALIFICATION

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

Have you been recipient of any Schola	arship/ 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	То	Total Exp.	

	Have you been punished during your studies at College/University, your service or convicted by cou Law? If so, give details with reasons:							
\	Were you, at any ti	me, declared medically	y unfit or	dis	charged/dismissed from service?	If yes, give de		
- IFRA	AL INFORMATIO	ON						
	3. Give name, desig	gnation, and addresses of			ree senior professionals/Executiverformance and conduct of serv			
(a)	Pin Code	 P1	hone (t	p)				
					Pin Code	Phone		
(c)	Pin Code	Pł	hone (d	(l)	Pin Code	Phone		
19.	Name and Address	s of your Present employ	yer (If in	ser	vice)			
			2	20.	Present Pay-Scale:			
		_		21. 22.	Present Basic Pay Other Allowances			
Pin	Code	Phone	2	23.	Total Emoluments			
			2	24.	Date of Increment			
25.1	Nature of post being	g presently held: (Perma	nent/Ten	npo	rary/Ad-hoc/Contractual Appointm	nent)		
26. I	If appointed, the ma	ximum time required	joining	the	duty?			
27	Any additional info	rmation, you wish to giv	ze? (Attac	·h 🗚	xtra sheet)			

Seal of the Institution/Organization

DECLARATION TO BE SIGNED BY THE CANDIDATE

IS/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, an	y 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.	
	Signature of the Applicant
Place:	Address:
Date:	

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)

	already in service whether in permanent or temporary ca	pacity)			
	No.	Dated:			
	Shri/Smt./Dr	bearing	the	designation	
of	, holds the post in our Institution/	on in p	n permanent /		
temp	orary 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 candida	ture of	the applicant being	
	sidered for appointment to the post applied for in this application.				
Date:					
		Signature	of the	forwarding Authority	
		Name Designation	n		