## Serial No. Received a Challan /crossed DD UNIVERSITY OF KALYANI 1) Whether applying through bearing No..... proper channel: Yes / No @ KALYANI @ dt.....of Rs.....only 2) Advance copy: Yes / No (Rs..... for SC/ST applicant) as application fee. (Please tick whichever is applicable) APPLICATION FORM Full sig. of the receiving Asstt. **FOR** ADMINISTRATIVE POST To The Director of Recruitment Self attested University of Kalyani photograph with **Kalyani-741235** Dist.- Nadia, West Bengal full signature India Sir, particulars are given below. Signature of the Candidate in full Date: (Space for Office use only)

1. Name in Full (Surname) (Middle Name) (Name)

(In block letters)

2. Addresses
A) Mailing address

B) Permanent address

C) e-mail address

Phone No. Land Phone: Cell Phone:

3. (a) Date of birth according to school leaving certificate (a copy, certified by the candidate, to be furnished)		copy,	(b) Place of bird	iii (C	(c) Nationality		
dd/mm/y	ууу: /	/					
4. Whether the candidate belongs to any of these categories		SC	ST	OBC	Specially Abled		
(Documents competent a furnished)	ary evidence from authority to be						
	s of Academic Qual by the candidate, to be	·	uding NET/SET/GAT	TE/M.Phil./Ph.D.) (one	set of documenta	ry evidence	
amination Passed	Board/University		ar Subjec	cts Division/ Class/ Grade	Percentage of Marks	Distincio if any	
			ficer/University faculty med. No. 3(a), 4 and 5 are a	ember / University Officer attested.	Principal of a Go	ovtaided c	
				ne			
				nature and date			
			Des	ignation	•••••		
			Offic	cial Seal			
6. Schola	rships/Fellowships	/Awards/Distinc	etions received:				
7. Marita	l Status:	•••••					

9. Proficiency [Excellent (E)/ Good (G)/Workable (W)] in other languages	Reading Put ( ) Mark			Writing Put ( ) Mark			Speaking Put ( ) Mark		
a) English	Е	G	W	Е	G	W	Е	G	W
b) Bengali	Е	G	W	Е	G	W	Е	G	W
c) Any other Indian language	Е	G	W	Е	G	W	Е	G	W

10 (	(a)	Field	of c	nacia	lization,	if	ans	7 •
10. (	(a)	LICIU	OI S	pecia.	nzauon,	П	ally	٧.

- 11. Teaching Experience, if any:
- 12. Administrative Experience, if any:
- 13. Special Qualification or experience, if any:
- 14. Appointments previously held:

Name and address of	Name of the post	Nature of the post	Scale of Pay	Date of joining	Date of leaving	Reason of leaving the
the	post	(Permanent/		Jonning	leaving	post
Institution		Temporary)				

15. a) Present employment, if any: (Enclose 'No Objection Certificate' from the present employer)							
b) Present Salar	ry:						
Pay Band	Pay in Pay Band	G.P./A.G.P.	D.A.	Other Allowances	Total		
16. Whether wi	lling to reside at Kalyar	ni:					
	·						
17. Referees:(T	wo persons who are far	niliar with the wo	rk of the ap	oplicant but who are not re	elated to him/her)		
(A) Name			(B) Name				
Address			Address				
		DECLA	RATION				
I	declare that the entires	in this form are tr	ue to the be	est of my knowledge and b	pelief.		
Place:							
Date:			Si	gnature of the candidate i	n full		