

3.

Name in Full (Block Letters):

GURU RAVIDAS AYURVED UNIVERSITY PUNJAB, HOSHIARPUR

E-Mail:- registrargraupunjab@gmail.com Ph.No:- 01882-282326, www.graupunjab.org

APPLICATION FOR THE POST OF ACCOUNTS OFFICER

02.	Fathers	Name:								
03.	Date of l	Birth:								
04.	Marital	status:			S	ex:				
05.	National	ity:								
06.	Perman	ent Address			A	ddress	for C	orresp	ondence	
07.	Telephone Number									
	Mobile N	Number								
	E-mail I	D								
08.	Please state whether you belong to SC/ST/OBC/Physically Handicapped /Gen Category									
09. 10. I	medicall resignati from Go	y you at a y unfit or as ion, discha vt. or Priva Educational	sked to subr rged or di te Sector?	nit y ismis	our					
Examination		School/ College/Institute		Name of Board/			Year of Passing		%age of	
		Conege/ms	stitute	University/ Institution				marks		
11. I	Details of	 Previous En	nployment(s	s):						
S. N	o. Org	. Organisation		Position held		n To	Pay Scale		Nature of responsibilities	
1	1.									
2	2.									

4.			
5.			
6.			

12.	List of documents attached

Declaration: I solemnly declare that:

- I. The foregoing information is complete and correct. I am not aware of any circumstances which may impair my fitness for employment in Guru Ravidas Ayurved University, Hoshiarpur.
- II. I have never been disqualified from University work/appearing in any University examination.
- III. I have never been dismissed either from Govt. or from University, College or other Public or Private Organisation service.
- IV. I have never been prosecuted, kept under detention or bound down, convicted by the Court of Law for any offence.

Place:	
Date:	Signature of Applicant