

Gujarat Ayurved University Chanakya Bhavan, Hospital Road, Post Bag No. 4,

Photograph self attested

<u>Jamnagar - 361 008.</u>

			(To be	e filled i	n by the	Candid	late)			
Applica	ation for	the Post of		:						
Advertisement Reference & Date				:						
[1]	(A)	Name in full (i	n Block	Capital	s- Surna	ame Fir	rst)			
		Shri/Smt./Kum	:							
	(B)	Maiden Name Changed Nam (If any) (To be suppor	ne				Notification			
		Phone No.	:				Mobile :			
		E-mail	:				Fax No.:			
[2]	Full Ac	ldress (in Block	ress (in Block Capitals)							
	(1)	Present	:							
	(2) Details	Permanent address of residence v					ast five year			
[3]	Nation	ality			:					
[4]	Date of Birth : Age : years. (To be supported with a copy of S.S.C. Certificate)								_ years.	
[5]	Sex (N	1 / F)			:					
[6]	Do you	ubelong to a S	chedule	ed Caste	e or					
		uled Tribe?			:					
		(If Yes, attach a certificate from an Executive Magistrate or a Social Welfare Offic supported by caste / tribe validity certificate)								
[7]		i belong to Soc tionaly Back-wa		ss/OBC	?:					
	(If so, attach a certificate from the competent authority with caste validity certificate for socially back ward class and non creamy layer certificate)								certificate for	

[8]		er's full Name name First)	:									
	Addre	ess	:									
	Occu	pation ad, state the last add	: ress and o	ccupation b	efore deat	h)						
[9]	(A)	Are you Married?		:								
	(B)	Name of Wife / Hu	sband	:								
[10]		stration No. of Counc d (If applicable)	il / :									
[11]	Lang	Languages known & mother tongue :										
			State whether you can									
	Nar	ne of the Language	Read	Speak	Write	Exam. Passed						

[12] **QUALIFICATIONS**

Particulars of examinations passed, in chronological order from S.S.C. or equivalent

Note:- Self attested true copies to be attached.

Deard	Name	Class	Class or Division Subjects Subjects Subsidiary or Minor		Year	Nivershau	Per
Board, University etc.	of Examination or Degree	or			of Pass- ing	Number of attempts	cen tage (%)

RESEARCH WORK / PUBLICATIONS (Enclose details as Annexure) [13]

[14] Experience

_	ı			ı	1		1	1	
Design ation	Full Time / Part Time	From	То	Total Duration Years/ Months	Pay Scale / Fixed	Total Emoluments			Remarks
2	3	4	5	6	7	8	9	10	11
	ation		ation Part Time	ation Part Time	Design Full Time / Part Time From To Duration Years/ Months	Design Full Time / ation Part Time From To Duration Pay Scale / Years/ Months	Months	Months SemiGovernment	Design ation Part Time From To Duration Years/ Months Pay Scale / Fixed Fixed Emoluments Status University / Government / SemiGovernment employment

Did you apply for any post advertised by the Gujarat Ayurved University in the past ? If Yes, state [15]

Sr. No.	Post applied	Application Date	Interview Held	Selected / Rejected			
Are you willing to accept the minimum							

										_
[16]	initial p	oay? If r	to accept the not, what is the you will accept	lowe		:				1
[17]		ointed, he eed for jo	ow much time ining ?			:				
[18]	(A)	legal pr	oartmental inquoceedings is per details.			:				
		(In any	court or police	dep	artment	regula	atory coun	cils)		
	(B)		of penalty / pur ast if any.	nishr	ment	:				
[19]	Give to		ences of repute	d pe	ersonaliti	es with	name & a	addres	sses to whom yo	ou are
	(1) Name	:				(2) Nam	ne :			
	Addres	ss:				Addı	ress :			
	Phone	No. :				Pho	ne No. :			
	Mobile	:				Mob	ile :			
	E-mail	:				E-ma	ail:			
	Fax No	O.:				Fax	No.:			
		_								

[20] Additional remarks if any :-

[21]	List of Self attested copies of certificate	s / documents attached.						
	(1)	(7)						
	(2)	(8)						
	(3)	(9)						
	(4)	(10)						
	(5)	(11)						
	(6)	(12)						
[22]	Demand Draft No.	Date	_ of Rs					
	Name of Bank	Place						
	DECLA	RATION						
(1)	I have carefully read the "Instruction advertisements" supplied to me by the application form is true & complete to the	University. The information						
(2)	I have not married for second time in the existence of my first wife (For male candidate)							
(3)	I have not married to an already married person who is undivorced / not widower. (For female candidate)							
Place	÷							
Date	÷	Signature of the C	andidate					
Submi	tted through proper channel.							
	Seal / Signature	of the Employer						
l will s	ubmit N.O.C. from my employer at the tir	me of interview. (If applicable	e)					
		Signature of the	e Candidate					
<u>IMPOF</u>	RTANT INSTRUCTION							
(1)	Subject wise separate application will b	e essential in the prescribed	l proforma.					
(2)	Incomplete information may lead to reshould be left blank. Write N.A. when n		No column or row					
(3)	Furnishing of false information or supp disqualification.	pression of any factual infor	mation would be a					
(4)	Employed candidates are required channel or NOC from employer.	to submit Application For	m through proper					

(5)

Canvassing in any manner will be disqualification.

(FOR OFFICE USE ONLY)

WHETHER ELIGIBLE BY:

[1]	Submitted through proper channel ? / NOC							
[2]	Caste certificate produced ?							
[3]	All other requisite certificates produced ?							
[4]	Application fee paid ?							
[5-A]	Age ?							
[5-B]	Essential educational qualifications							
[5-C]	Possession of requisite experience							
(To be	e indicated clearly whether eligible or	not)						
Overal	l eligibility :-							
Applica	ation - (Accepted / Rejected) :-							
SIGNATURE OF SCRUTINY COMMITTEE :-								
1.	2							