

Application Form for the post of Deputy Registrar

	(For office use only)									
-	Eligible:								ssport size graph here and cross the photo that part of ture should be	
	(Signatures of Screening Committee Members) Details of Fee Payment (Demand Draft of ₹ 1000/- only for General, OBC and EWS category candidates in favour of comptroller, RPCAU, Pusa only (SC/ST/PwD/Women candidates are exempted from fees).									
Dra	Draft NumberDate of IssueAmountName of the Bank and Issuing BranchName of the Bank on which Drawn									
1	Name (In Capital I	Letters)]	First Name Middle Name		ie	Surname			
2	Date of birt	h	Day	Month	Year		as on last date advertisement		Years	Months
3	Place of bir	th	City/Village		State		Country			
4 Mother's Name		ame								
5	Father's Na	me								
6	Address		Correspondence			Permanent			;	
			City:				City:			
		District:				District:				
			State:				State:			
		Pin Code:			Pin Code:					
			Mobile:				Mobile:			
7	Email: Email:									
/	7 Nationality									
8	Sex	Male/ Female/Transgender:								

9	Community/ Category (Please strike out whichever options are not applicable)	UR/OBC/SC/ST/EWS: Sl. No. of proof enclosed (if belongs to Reserved Category):
10	Marital status	Married/Unmarried/Divorced:

11. Educational Qualifications (Attach additional pages, if required)								
	Name of course	Name of the Board/ University	Year passed	Division	CGPA (if grading is applicable)	% of Marks (pl. indicates equivalent to CGPA also)	Subjects studied	Sl. No. of proof of enclosure
	(a)	<i>(b)</i>	(c)	(d)	(e)	Ø	(g)	(h)
10th Class / equivalent								
10+2/Higher Secondary/ equivalent								
Bachelor's degree								
Master's degree								
Any other exams passed		Name of Course/Subject			R	Roll No.		Sl. No. of Proof of enclosure

12. Chronological list of Experience (starting from current position/ employment)

		Р	eriod of Experie			
Designation	Name & address of employer	From	То	No. of Years/ Months (As on last date of advertisement)	Nature of work/ duties	Sl. No. of proof of enclosure
(a)	<i>(b)</i>	(c)	(d)	(e)	(f)	(g)

* (Add separate sheet if required, to be annexed at relevant S. No.)

13. Nature of Experience							
	No. of Years	No. of Months	No. of Days	Sl. No. of proof of enclosure			
a) Teaching							
b) Administrative							
c) Research							
d) Other experience, if any							
Total Experience							

* (Add separate sheet if required, to be annexed at relevant S.No.)

- 14. Have you ever been punished during your studies at College/University? (Yes/No) :
- 15. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
- 16. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :
- 17. Do you have any case pending against you in any court of law? (Yes/No) :

18. Any other information/qualification relevant to the post applied for:

19. Declaration

I,	son/daughter of	hereby				
declare that all the statements an	d entries made in this application are tru	e, complete and correct to the				
best of my knowledge and belief. In the event of any information found false or incorrect or ineligibility						
being detected before or after	the Selection Committee and Board o	f Management meetings, my				
candidature/appointment may be	cancelled by the University.					
I have never been convicted or co	ntemplated for any unlawful activity.					
		Signature of the Applicant				
Date:	*Name	e as signed (in BLOCK LETTER)				
	ion not signed by the candidate is liable to be re	jected				

20. Endorsement by the EMPLOYER (for In-Service Applicants)

Certificate of Verification by the Employer

records and are found correct.

- 2. There is no vigilance/disciplinary/criminal case pending against him/her.
- 3. Whether any Minor/Major penalties under CCS (CCA) rules, 1965 have been imposed during the last ten years on him / her Yes / No.

If Yes give details.....

- 4. Certified that the work and conduct of Dr./Shri/Smt./Km. is above average during the last five years.
- 5. The gist of AAR/ACR gradings/ratings for the preceding four years is as follows:-

Year →		
Grading/Rating by Reporting Officer \rightarrow		
Grading/Rating by Reviewing Officer \rightarrow		

Office File/ Ref. No.

Signature:

Name:

Designation with office seal

Office Seal

Date:

In service candidate should get the above endorsement signed by his/her present forwarding authority.

Please tick the enclosures attached:

SI.	Check List	Sl. No. of enclosure	No. of Sheets
1.	Matric/Secondary/High School (10 th Class) Marks Sheet		
2.	Matric/Secondary/High School (10 th Class) Certificate		
3.	Sr. Secondary/Intermediate (12 th Class) Marks Sheet		
4.	Sr. Secondary/Intermediate (12 th Class) School Certificate		
5.	Bachelor's Degree Final Year Marks Sheet		
6.	Bachelors' Degree		
7.	Master's Degree Final Year Marks Sheet		
8.	Master's Degree		
9.	Any other Qualification		
10.	Caste Certificate issued by the Competent Authority		
11.	Experience Certificate(s) from previous employer(s)		
12.	Endorsement from the present employer		
13.	DD for the application fees (in original)		
14.	Any other		

Total number of sheets enclosed______ (please give sequential number to each sheet and signature with date).