



# DAYALBAGH EDUCATIONAL INSTITUTE

(Deemed University)

DAYALBAGH, AGRA-282 005

**Advertisement :- Vacant Positions- November, 2018**

**For Non Teaching Posts**

*Faculty of Integrated Medicine (Ayush)  
Homeopathy Medical College and Hospital*

Affix recent  
Passport size  
photograph

1. Post Applied for: \_\_\_\_\_
2. Candidate's Name in Full: \_\_\_\_\_
3. Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_
4. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_
5. (a) Tel. No.(with STD code) : \_\_\_\_\_ (b) Mobile No. \_\_\_\_\_
6. E-Mail Id. \_\_\_\_\_
7. Date of Birth : \_\_\_\_\_ 8. Age as on 1<sup>st</sup> July 2018: \_\_\_\_\_
9. Father's /Husband's Name: \_\_\_\_\_
10. Marital Status: Married/Unmarried: \_\_\_\_\_ Sex: \_\_\_\_\_
11. Nationality: \_\_\_\_\_ Religion \_\_\_\_\_
12. Category (Gn./OBC/SC/ST/PWD): \_\_\_\_\_
- PAN No.: \_\_\_\_\_ AADHAR No. \_\_\_\_\_

13. Academic Qualification: (Please enclose photocopies of all testimonials and certificates)

Examination Passed	Board/University	Year of Passing	Division	% of marks	Subjects
High School					
Intermediate					
Any Other					

**14. Details of Employment (Experience)**

<b>Name of Organisation</b>	<b>Post held</b>	<b>From</b>	<b>To</b>	<b>Nature of Work</b>	<b>Total Experience</b>

15. Any other relevant information you wish to give in support of your candidature:

\_\_\_\_\_

16. Name, Contact No. and address of two persons (other than relatives) to whom references can be made:

i. \_\_\_\_\_

ii. \_\_\_\_\_

17. Recommendation of the employer (to be submitted by those who are in employment) – (if applicable)

Certified that the applicant \_\_\_\_\_ Is employed as \_\_\_\_\_ in this institution w.e.f. \_\_\_\_\_. He/She is drawing total emoluments of Rs. \_\_\_\_\_ per month and his/her basic pay is Rs. \_\_\_\_\_. In the pay scale of Rs. \_\_\_\_\_ in case he/she is selected, he/she would be relieved from here.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature & Seal of the employer**

18. Copies of documents attached (attaché self attested photocopies only)

(a) \_\_\_\_\_ (b) \_\_\_\_\_

(c) \_\_\_\_\_ (d) \_\_\_\_\_

(e) \_\_\_\_\_ (f) \_\_\_\_\_

19. Certified that the information given by me in this application form is complete and correct to the best of my knowledge & belief and nothing has been concealed there from. I also understand that in case any information is found to be false, my services shall be liable to be terminated without notice.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the candidate**