



DAYALBAGH EDUCATIONAL INSTITUTE
(DEEMED TO BE UNIVERSITY)
DAYALBAGH, AGRA-282 005

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Passport size
photograph

APPLICATION FOR THE POST OF REGISTRAR

1.Candidate's Name in Full : _____

2.Address for Correspondence: _____

_____ State _____ Pin _____

3.Permanent Address: _____

_____ State _____ Pin _____

4.(a) Tel. No.(with STD code) : _____

(b) Mobile No. _____

5.E-Mail Id. _____

6.Date of Birth : Day _____ Month _____ Year _____

7.Age as on 1st July 2019: Years _____ Months _____ Days _____

8.Father's /Husband's Name: _____

9.Marital Status :Married/Unmarried: _____ Sex: _____

10.Nationality : _____ Religion _____

11.Category (GN/OBC/SC/ST/PWD): _____

12.Designation (Presently working): _____

Organisation: _____

Address _____

13. Academic Qualification:

Examination Passed	Board/University	Year of Passing/ Awarded	Division	% of marks/ Grade	Subjects
High School/ Metric /SSC					
Intermediate/ 10+2/ or equivalent					
Graduation or equivalent					
Post Graduation or equivalent					
M.Phil					
*Ph.D				<u>*Title of the Ph.D Thesis</u>	
Any Other					

Note: enclose all testimonials and certificates.

14. Number of publications (Please provide as per format given below in Nos. only & attach separate list also) :

Publications		Published	Accepted for Publication	Under Preparation
(a)Books	Independently			
	Jointly			
(b)Papers/ Articles	Independently			
	Jointly			
(c) Abstracts	Independently			
	Jointly			

15. Details of Employment (Experience)

Name of Organization	Post held	From	To	Total

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

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

1.

2.

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

Copies of documents attached (self-attested photocopies only)

(a)_____ (b)_____

(c)_____ (d)_____

(e)_____ (f) _____

(i)_____ (j) _____

(k)_____ (l) _____

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.

I have read the instructions and guidelines issued for the candidates.

Date:_____

Place:_____

Signature of the candidate
