

## Gautam Buddha University Gr. Noida Gautam Budh Nagar- (U.P.) Application Form

| Auvertisch       | iciit iv | 0. OBC/2023/04                |
|------------------|----------|-------------------------------|
| <b>IMPORTANT</b> | :-       | To be filled in by the Candid |

Name of the post (Applied for)

| 1.    | Name (in Block letters)    | :      |            |                    |            |                |
|-------|----------------------------|--------|------------|--------------------|------------|----------------|
| 2.    | Father's/Husband's Name    | :      |            |                    |            |                |
| 3.    | Date of Birth              | :      |            |                    |            |                |
| 4.    | Category (SC/ST/OBC/UR.)   | :      |            |                    |            |                |
|       | (Pl. enclose certificate)  |        |            |                    |            |                |
| 5.    | Gender (Male/Female)       | :      |            |                    |            |                |
| 6.    | Marital Status             | :      |            |                    |            |                |
| 7.    | Highest Qualification      | :      |            |                    |            |                |
| 8.    | Mobile No.                 | :      |            |                    |            |                |
| 9.    | E-mail ID                  | :      |            |                    |            |                |
| 10.   | PAN Number                 | :      |            |                    |            |                |
| 11.   | Aadhar Card Number         | :      |            |                    |            |                |
| 12.   | Present Address            | :      |            |                    |            |                |
| 13.   | Permanent Address          | :      |            |                    |            |                |
| 14.   | Academic Qualifications Ro | ecord: |            |                    |            |                |
| S. No | . Exam                     | Board/ | University | Year of<br>Passing | %<br>Marks | Div./<br>Grade |

| S. No. | Exam | Board/ University | Year of<br>Passing | %<br>Marks | Div./<br>Grade |
|--------|------|-------------------|--------------------|------------|----------------|
| 1.     |      |                   |                    |            |                |
| 2.     |      |                   |                    |            |                |
| 3.     |      |                   |                    |            |                |
| 4.     |      |                   |                    |            |                |
| 5.     |      |                   |                    |            |                |
| 6.     |      |                   |                    |            |                |

(Please enclose self attested copies of certificates of all above mentioned academic qualifications)

Photograph

| 15.      | <b>Experience:</b>        |                      |                |               |                   |              |
|----------|---------------------------|----------------------|----------------|---------------|-------------------|--------------|
| S.No.    | Name of                   | Designation          | Duration       |               | Total years       | Achieve      |
|          | Organization              |                      |                |               | of                | ment         |
|          |                           |                      |                |               | experience        | (if any)     |
|          |                           |                      | From           | То            |                   |              |
|          |                           |                      |                |               |                   |              |
|          |                           |                      |                |               |                   |              |
|          |                           |                      |                |               |                   |              |
|          |                           |                      |                |               |                   |              |
|          |                           |                      |                |               |                   |              |
| (Enclo   | se self attested copies   | s of all the above r | nentioned o    | experience    | certificate)      |              |
|          |                           |                      |                |               |                   |              |
| 16.      | State any other infor     | rmation not covere   | d elsewher     | e (Please a   | ttach a sheet, if | required)    |
|          |                           |                      |                |               |                   |              |
|          |                           |                      |                |               |                   |              |
|          |                           |                      |                |               |                   |              |
|          |                           |                      |                |               |                   |              |
|          | DECI A                    | RATION TO BE         | SIGNED         | RV THE        | CANDIDATE         |              |
|          | DECEA                     | KATION TO BE         | BIGNED         | DI IIIE       | CANDIDATE         |              |
|          | I hereby declare that     | the details given a  | bove are co    | errect to the | e best of my kno  | wledge and   |
| belief.  | I declare that in case an | opportunity is give  | n, I shall joi | n Gautam I    | Buddha Universit  | y, Gr. Noida |
| Gautan   | n Buddha Nagar within     | 1 days. I ui         | nderstand th   | at if any ir  | formation provid  | led above is |
| found to | o be false or inaccurate  | mv candidature sha   | all be treated | l as cancelle | ed.               |              |
|          |                           | ,                    |                |               |                   |              |
|          |                           |                      |                |               |                   |              |
|          |                           |                      |                | S             | ignature          |              |
|          |                           |                      |                |               |                   |              |
|          |                           |                      | (Name          |               |                   | )            |
| Place:   |                           |                      |                |               |                   |              |
| Dated:.  |                           |                      |                |               |                   |              |