



GAUR BRAHMAN DEGREE COLLEGE, ROHTAK
(Govt.-Aided and affiliated to M.D. University, Rohtak)

Application Form (College Copy)

Sr.no. _____

For office use only

Diary No. _____

Date: _____

Paste here a
signed copy
of your recent
passport size
photograph

Applied for the post of _____

Name of the Newspaper _____ Dated _____

Details of fee: Demand Draft Nos. (In favour of Principal) _____
Date _____ Amount (Rs.) _____

1. Name of applicant: (in block letters) _____
2. Father's Name: (In block letters). _____
3. Mother's Name ((In block Letters). _____
4. Date of Birth: Day _____ Month _____ Year _____
(As recorded in the matriculation certificate)
5. Age _____ Years _____ months (as on the last date fixed for the receipt of application)
6. Sex : (Male/Female) _____
7. Marital Status: _____
8. Nationality: _____
9. Religion: _____ Category _____
10. AADHAR No. of Candidate: _____
11. Address for Correspondence (in Capital Letters): _____

Pin Code _____ Mobile No. _____ E-mail:- _____
12. Permanent Address (in Capital Letters): _____

Pin Code _____ Mobile No. _____ E-mail:- _____

13) Qualification: -

Examination	Year	Name of Board/ University	Marks obtained out of	%age of Marks	Division
Matric					
Hr. Sec./+2/ Pre-Uni.					
B.A. /B.Sc./B.Com./ B.B. A./ B.C.A.					
M.A./M.Sc./M.Com./ M.C.A/M.B.A.					
Diploma/ Certificate					
Any Other					

14) Experience (if any): -

Name of Institution	Post & Nature of Appointment	From	To	Total Experience

Yours faithfully,

Date: _____

Place: _____

(Signature of the Candidate)

Copy By REGISTERED POST to The Dean, College Development Council, M.D. University, Rohtak-124001.

(Signature of the Candidate)

Note:- The Candidate may use extra sheet of paper, if required, for furnishing any other relevant details.

For Office Use

Discrepancy (ies) if any:

Eligible/ Ineligible:

- 1.
- 2.
- 3.

Signature of the Screening Committee

1. _____ 2. _____ 3. _____



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