

THE MANAGER/SECRETARY SHIBLINATIONALCOLLEGE **AZAMGARH- 276001**

Advt. No.....Published in.... Dated..... Name of the Post Applied for- applicant NAME OF THE CANDIDATE: MR/MS/DR

Particulars of Payment of application fee

DD		Value		In Favor of	
No.	Date	Issuing Bank & Branch	(Rs.)		
				Manager, Shibli National College, Azamgarh	

INSTRUCTIONS TO CANDIDATES FOR FILLING OUT THE APPLICATION PROFORMA

- 1. Soft Copy of the filled in application form should be sent to the College email id shiblipgcollege2023@gmail.com
- 2. All applications should be sent by Registered Post/Speed Post or by hand in three sets to "The Manager, Shibli National College, Azamgarh, U.P.- 276001. Application received after the last date will not be entertained.
- 3. Application fee in the form of demand draft for Rs. 500/- in favour of 'Manager, Shibli National College, Azamgarh' must be sent along with the Application Form.
- 4. Application fee once received shall not be refunded.
- 5. Candidates should send self attested copies of their documents related to their qualifications in three sets.
- 6. Candidates already in service, whether in a permanent, quasi-permanent or temporary capacity, must apply through their employers.
- 7. Candidates must enclose an envelope (25cmX10cm) with complete postal address including pin code and mobile number.

Passport size recent Photograph Duly signed by the



POST	APPLIED FOR	
1.	Candidate's Name in full Mr/N (In Capital Letters)	Ms/Dr/:
2.	Father's/Husband's Name in F	ull
3.	Mother's Name	
4.	Mailing Address	H.No.:, Street/Village:
		Post office:
		District:State:
		Pin Code: Mobile No
		Email ID
5.	Permanent Address (if different from	H.NO.:, Street/Village:
	the mailing one)	Post office:
		District: State:
		Pin Code: Mobile No
		Email ID

6.	Date of Birth
7.	Place and State of Birth
8.	Nationality:

9. ACADEMIC DETAILS:

Class/De	gree	Board / University	Year	Total Marks	Marks Obtained	% of Marks /CGPA	Subjects
High Sch Equival							
Intermed Equival							
Graduat	tion						
CCC by N (Previou DOEACO Equival	ısly C) or						
Other qualific ations	1 2 3						
unons	4						

10. Earlier Employment Details, if any (Proof to be attached):

S. No.	Institute	Designation	Period		
			From	То	
1.					
2.					
3.					

Declaration: I do hereby declare that all the information furnished by me in the application form are true to the best of my knowledge and belief.

Date: Place:

Signature of the Candidate

Signature of the Forwarding Authority with Seal (Only for the candidates already in service)

Name:....

Designation: