### For 2024-2025

## FOR Ad-hoc/Contractual

For Office Use Only									
Inward No.		Est. No.		Sr. No.					
Date	/_/2024	Date	//2024						
Section	Establishment								



## SARDAR PATEL UNIVERSITY VALLABH VIDYANAGAR-388120 (Dist. ANAND - GUJARAT)

# Application form for the post of Ad-hoc/Contractual Science Communicator

Advertisement No	Dated :	Affix the 3.5 c.m X 3.5 c.m. latest Photograph

**IMPORTANT**: Before filling in the form please read the form, instructions and qualifications carefully.

### **INSTRUCTIONS TO APPLICANTS:**

- (i) The candidate should come with the hard copy of application form with all the self attested documents at interview venue Place: VC Office, S.P. University Main Office Building on dated 09-01-2025, Timing: 10:00 am
- (ii) Candidates are advised to satisfy themselves before applying that they possess at least the essential qualifications laid down in the advertisement.
- (iii) No correspondence and Phone inquiry will be entertained in respect of advertisement, interview, selection and appointment etc.
- (iv) Those who are already in employment should forward their applications through proper channel.
- (v) The University reserves the right not to fill up any of the vacancies/ to reject any application and alter the number of posts in any cadre without assigning any reason.
- (vi) If any column is not applicable to the candidate, write "Not Applicable".
- (vii) Incomplete application shall be summarily rejected.
- (Viii) Applicant has to join the Community Science Centre within the 03 days, if fails to do so, appointment order will be treated as cancelled and next waiting listed applicant will be given appointment.
- (ix) Documents attached with the Application forms must be in sequence as mentioned in application form.

1.	(In Block letters) Name in full : Mr./Mrs./Ms./Dr.	
	Father's Name	
	Mother's Name	
	Spouse's Name (attached Marriage Certificate or Govt. Gazette)	

		S.C.	S	.Т.	Вах	SEB	nch / C	E	WS	Ge	eneral	Ph	y. Han	di	
Ç	ററി	(Attach a ce ially and Edu				•		•			•				) C./S.T./
_	(i)	Caste Cert			- Turara		3 (0==	<u> </u>	11011	Issue				<i>J</i> .,	
-	(ii)	Name of Is			v										
∟ 3.		Date of Birtl		Date			Mont	h			Year			A	ge (Years
•	_	In figures	-					-							9 (1 0
		In Words (Capital)													
re	egis	(A true copy stered should				dary :	School	Leav	ing Ce	ertifica	te in wh	ich t	he Birt	h Da	ate is
	Α	Birth Place				Tal.				Dist.		5	State		
	В	Native Place	ce			Tal.				Dist.		5	State		
	С	Race & Relig	gion				Natior	nality			Mother	tongı	ne		
	D	Blood Group				Heigl	ht (cms	)			Weigh	t (Kgs	s.)		
	Е	Personal Ma	arks of Id	lentifica	ation						I				
	F	Pan Card N	No.		<u>'</u>										
	G	Aadhaar C	ard No.												
	Н.	Election Ca	ard No.				(	City/Di	strict	where	Registe	ered			
-	Р	lease Tick m	ark (✓)	approp	oriate c	olum	n Ma	arried	l	Jnmar	ried	Div	orced		Widow
	1	married Nan arriage certit		,		•									
		Il Name & Ad					(In Blo	ock Le	etters)						
		Present						F	Perma	nent					
		City							City						
	_	Pin Code							Pin Co	de					
	-	Tal.						Т	al.						
		Dist.						Г	Dist.						
	,	State						S	State						
		Phone No						F	hone	No					
		Mobile No.						N	/lobile	No.					
		E-Mail						E	-Mail						

2.(i) Please Tick mark (</ ) appropriate column. Please enclose Caste Certificate of appropriate authority, if applicable.

6. Educational Qualifications: Examinations passed (Self attested copies of all testimonials/ Certificates including Marks, Grade, Certificate should be attached):

Sr. No	Examination Passed	Principal Subject	Name of the University or Examination Body	Percentage and Class	Year And Month of Passing	Encl. page No.
1	2	3	4	5	6	7
1.	S.S.C					
2.	H.S.C.	_		_		
3.	U.G (Specify Degree)			Consolidated marks		
4.	P.G (Specify Degree)			Consolidated marks		
5.	Other qualification					
6.						
7.						

(7) Details of Experience: (Post held in Private and/or Public employment giving details of Work) (Teaching at school or preschool etc.)

Full Name and Address of the Employer	Designatio n (Type of work)	Date of joining			otal erience	Grant-in Aid/ Self Finance/ Private/	Full time/ Part time/	Basic Pay and Pay Scale	Reason for leaving Previou s	page No.
where Employed	Worky		Year Month	Industry	Adhoc	or Fixed pay	Employ ment	Encl.		
1	2	3	4	5	6	7	8	9	10	11

## (8) Present Position

Full Name and Address of the Employer where Employed	Designation	Nature of work	Grant-in Aid/ Self Finance/ Private	Full time/ Part time/ Adhoc	Basic Pay or Pay Band and A.G.P. OR Fixed Pay	Date of appointment	Encl. page No.

	(1	13	) Name	, address	and Phon	e No. e	of not m	ore than t	wo persons	s to who	m referenc	e can	be m	nad
--	----	----	--------	-----------	----------	---------	----------	------------	------------	----------	------------	-------	------	-----

No.	Name	Full Address	Phone / Mobile No.	Email ID	Period for which he/she has known to the candidate
1					
2					

(14)

(1)	,	osecuted/kept in detention/convicted by a	Yes	
	court of Law or whether any case Law?	e is pending against you in a Court of	No	
	If the answer to the above			
	question is "Yes" give details			
(2)	Has any disciplinary action been	taken against you by any University/	Yes	
	Institute where you have served	No		
	If the answer to the above			
	question is "Yes" give details			

I, hereby declare that the information furnished above is true and correct to the best of my knowledge and belief and also that I have not concealed any fact or withheld any information regarding my past service and record. If any information is found to be false or incorrect or anything is found to have been concealed, I will be disqualified for selection or if appointed, will be liable to termination without any notice or compensation.

Place		
Date	23/ <u>12/2024</u>	Signature of the Applicant

### FOR USE OF APPLICANTS IN EMPLOYMENT

I declare that the above statements made by the applicant are correct to the best of my knowledge and belief. I have "**No Objection**" to his/her applied and selected for the concerned post in your University. He/She will be immediately relieved.

Place			Signature of Authority	
Date	23/12/2024		Designation	
		_	Office Stamp	

Note: All Copies of Marksheet / Certificates should be self attested, List of enclosures attached by the applicant should be arranged strictly in the following order. Please tick (✓)

Sr. No.	Details Enclosed with Application Form	<b>(√)</b>	Encl. at Page No.
1.	Application form with photograph.		
2.	Address Slip in one separate page only.		
3.	Higher Secondary School Leaving Certificate.		
4.	S.S.C. / H.S.C. all marksheets.		
5.	Graduation - all marksheets and Degree Certificate.		
6.	Postgraduate - all marksheets and Degree Certificate.		
7.	M.Phil. – marksheets and Notification.		
8.	B.Ed./ M.Ed all marksheets and Degree Certificate.		
9.	Other Qualifications Certificates		
10.	Pan Card		
11.	Aadhaar Card		
12.	Election Card		
13.	Testimonials / Experience Certificates.		
14.	SC/ST Certificate if Applicable		
15.			
16.			

Please fill ALL the following ADDRESS SLIPS with typing neatly only one copy of this page should be submitted attached with the first copy of your form with Full Name and Postal Address (With Pin Code) for further communication.

BY Registered Post / Courier			BY Registered Post / Courier		
Name			Name		
Address			Address		
City	PIN		City	PIN	
Tal.	Dist.		Tal.	Dist.	
State			State		
Mobile No.			Mobile No.		
E-Mail			E-Mail		

BY	Registered Post / Co	ourier	BY Registered Post / Courier		
Name			Name		
Address			Address		
City	PIN		City	PIN	
Tal.	Dist.		Tal.	Dist.	
State			State		
Mobile No.			Mobile No.		
E-Mail			E-Mail		