UTTARAKHAND AYURVED UNIVERSITY

(An autonomous body of state govt. recommend by UGC under section 1956 (2F), A member of All Indian Universities) Harrawala, Dehradun- 248001

Helpline No: +917217213958, Website: <u>www.uau.ac.in</u> e-mail: <u>uaurecruitmentcell@gmail.com</u>

GENERAL INSTRUCTIONS FOR CANDIDATES FOR FILLING APPLICATION FORM

- 1. Candidates must read all the instructions carefully before filling the application form.
- 2. Candidates have to download the application form the university website: <u>www.uau.ac.in</u>.
- 3. Take the print out of form which is to be filled by the candidate in his/ her own handwriting with blue / black ball pen. No blank space should be left in the form, mention- NA if not applicable for any column. Form must be completed with signature as well as thumb impression at the space given.
- 4. Candidate should not write in the space left for office use.
- 5. Application fee must be enclosed with the application form by a Demand Draft, in the favour of *"Finance Officer, Uttarakhand Ayurved University, Dehradun"* Payable at Dehradun.
- 6. Candidate have to Attach all the relevant self attested photo copies of documents as per the number of enclosures mentioned in the form by the candidate.
- Application form must be sent through registered post / speed post to "REGISTRAR, UTTARAKHAND AYURVED UNIVERSITY, HARRAWALA, DEHRADUN- 248001".
 only. Application must reach the office on or before <u>16th August, 2021 (5:00 PM)</u>. The applications received after the given date and time, will not be entertained.
- 8. Candidate has to mention Post applied for, his/her complete address, phone number and email address on the envelope.
- 9. Also enclose three self addressed envelopes with postal stamps for the registered post.
- 10. Eligibility and age of the candidates will be considered as per advertisement of relevant post.
- 11. Candidate must enclose the No Objection Certificate (NOC) in the given column, if working at any government institution.



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APPLICATION FORM

Advertisement	No.	POST NAME / CODE
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FEE DETAILS:

AMOUNT:	DD NoDateName of Bank & Branch	•••••
NAME OF CANDIDATE (Capital Letter)	:	Affix passport size recent self attested
MOTHER'S NAME	:	color photograph
FATHER'S NAME	:	
DATE OF BIRTH (dd/mm/yyyy)	:GENDER:	
CATEGORY (SC/ST/OBC/GEN/EWS)	: Sub-category (if Any):	•••••
Nationality	:Domicile State:	•••••
ADDRESS	:	•••••
MOBILE NO.	:	
Email ID.	:	
AADHAR NO.	:	

ACADEMIC DETAILS:

QUALIFICATION	BOARD / UNIVERSITY	PASSING YEAR	%	SUBJECT
High school (10 th)				
Intermediate (10+2)				
Graduation				
Post Graduation				
Others				

EXPERIENCE:

		DURATION		
SL.NO	POST HELD	Year	Month	Day
1				
2				
3				
4				

<u>CURRENT POSITION</u> :

Name of Post:	. Department:
Institution :	Date of Appointment

DECLARATION BY THE CANDIDATE:

I hereby declare that above information given by me is correct to the best of my knowledge. if any information found incorrect, My candidature shall stand cancelled and university can take further action also.

SIGNATURE OF CANDIDATE

LEFT THUMB IMPRESSION

NO OBJECTION CERTIFICATE FROM PRESENT EMPLOYER / HEAD OF INSTITUTION

w/o.....is working in our institution on post of

has no objection in appearance before interview/examination for the post he/she is applying.

Signature of Head of Institution/Employer with Seal

Remarks (For Office Use Only)

(To be filled in duplicate)

(Copy-1)



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FOR OFFICIAL USE

Application No.....

Date.....

NAME OF CANDIDATE:

DATE OF BIRTH:(dd/mm/yyyy).....CATEGORY.....Sub category

LIST OF ENCLOSURES: (Please attach the enclosures in the following order)

S.No.	ENCLOSURES	DETAIL OF THE ATTACHMENT/ CERTIFICATE NUMBER	Number of pages
1	High School Mark sheet		
2	High school Certificate		
3	Intermediate Mark sheet		
4	Intermediate Certificate		
5	Graduation Mark sheets		
7	Graduation degree Certificate		
9	Post Graduation Mark sheets		
10	Post Graduation Certificate		
11	Ph.D. Degree Certificate		
12	Experience Certificates		
13	Category/subcategory Cert.		
14	Domicile certificate		
15	Demand Draft for Fee		
16	Any Other relevant		
	Documents		
17			

SIGNATURE OF CANDIDATE

REMARKS (For Official Use Only)

REGISTRAR

(To be filled in duplicate)

(Copy-2)



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