



# GANDHI MEMORIAL NATIONAL COLLEGE OF NURSING, AMBALA CANTT

## APPLICATION FORM FOR THE POST OF PROFESSOR, ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR, TUTOR, LIBRARIAN, HOSTEL WARDEN (FEMALE), UDC, LDC AND ACCOUNTANT

Sr. No. \_\_\_\_\_ (for office use only)

### POST APPLIED FOR: Please Tick

- |                       |     |
|-----------------------|-----|
| : Professor           | ( ) |
| : Associate Professor | ( ) |
| : Assistant Professor | ( ) |
| : Tutor               | ( ) |
| : Librarian           | ( ) |
| : Hostel Warden (F)   | ( ) |
| : UDC                 | ( ) |
| : LDC                 | ( ) |
| : Accountant          | ( ) |

Paste your  
Recent  
passport size  
photograph  
(Self Attested)

1. Name in full (in Block letters): \_\_\_\_\_
2. Father's/Husband's Name (in Block letters): \_\_\_\_\_
3. Date of Birth (DD/MM/YYYY) : \_\_\_\_\_
4. Category UR/OBC/SC/ST: \_\_\_\_\_
5. Physical Disability: \_\_\_\_\_ (Yes/No)
6. Mailing Address in Block letters (with Pin Code Number)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell/Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### 7. Nursing Registration:

a. Name of SNC \_\_\_\_\_

b. RN \_\_\_\_\_ RM \_\_\_\_\_

Valid up to \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

NUID No \_\_\_\_\_

8. Educational/Professional Qualifications: (Provide details with month & year of passing)

Specialty \_\_\_\_\_

Exam Passed	Univ/ Board	Roll No.	Year of Passing	Class or Divn.	Max. Marks	Marks Obtd.	% age	Subjects
Matric								
Sr. Sec. (XII)								
B.Sc. (N)/ B.A/B.Sc./ B.Com/PB B.Sc (N)								
M.Sc.(N)/ M.A./M.Sc./ M.Com								
M. Phil. (N)								
Ph. D (N)								
Any other Exam.								

9. Teaching Experience in Chronological Order (Post Held with dates) with relevant certificate in proper format

Name & Address of College/Institution	Date of Joining	Date of Relieving	Designation	Nature of Job	Basic Pay P.M. & grade	Reasons for leaving

10. Research Publications (UGC care listed/ SCOPUS/Journals)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

(please enclose a separate sheet if needed to provide the relevant informs)

**11. List of enclosures:**

- a.....
- b.....
- c.....
- d.....
- e.....
- f.....
- g.....
- h.....

**D.D. No.** \_\_\_\_\_ **Dated** \_\_\_\_\_ **Bank Name** \_\_\_\_\_

**Declaration:**

- (i) The foregoing information is competed and correct. I am not aware of any circumstances which may impair my fitness for employment in the College affiliated with Pt. B.D. Sharma University of Health Sciences, Rohtak.
- (ii) I have never been disqualified from the University work/appearing in any University examination.
- (iii) I have never been dismissed either from Govt. of India or from University, College or other Public or Private Organization service.
- (iv) I have never been prosecuted, kept under detention or bound down/fined, convicted by the Court of Law for any offence.

**Place** .....

**Date** .....

**(Signature of the Candidate)**