



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

Application Form

Sr. no. _____

For office use only

Diary No. _____

Paste here
a signed
copy of
your recent
passport

Post applied for : _____

Name of the Newspaper _____

Dated _____

Details of fee: Demand Draft Nos. (In favour of Principal, payable at Rohtak) _____
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: _____
10. ADHAR 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. Educational Qualifications : (Please attach one set of self attested copies along with original application).

Sr. No	Exam Passed	Year of passing	Subjects	Division with grade/CGPA	Name of the Board/University
1	Matriculation				
2	12 th / Equivalent				
3	BA/B.SC/ .Com.				
4	MA/M.Sc./M.Com.				
4	B.Ed.				
5	M.Ed.				
6	M.Phil.				
7	UGC (NET)/ JRF				
8	Ph.D.				
9	Any Other				

14. Research and Publications:

[illegible]

15. Books Published:

[illegible]

16. Seminars and Conferences:

Sr. No.	Name of Institute	Date/ Year	Presenter/ Co- presenter	Title of the paper	Seminar/ Workshop/ Conference	Sponsored by

17. Chronological list of Teaching Experience: (Including Current Position/ Employment)

Sr. No.	Name of the Institution	Designation	UG/PG	Pay Scale with GP	Period		Field of Specialization
					From	To	

If currently employed, submit the NOC issued by the Employer.

18. Extra Co-curricular activities

- 1.
- 2.
- 3.
- 4.
- 5.

19. List of documents attached with the Application

Form.

1	2
3	4
5	6
7	8
9	10

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

A copy of the Application Form also be sent to The Dean, Colleges Development Council, M.D. University, Rohtak

Place: _____

Date: _____

Signature of the Applicant

For Office Use

Discrepancy (ies) if any:

Eligible/ Ineligible:

- 1.
- 2.
- 3.

Signature of the Screening Committee

1. _____ 2. _____ 3. _____