

CENTRAL UNIVERSITY OF JAMMU

8/8 Trikuta Nagar, Jammu-180012.

Phone: 0191-2479651, 2479621 website: www.cujammu.ac.in

APPLICATION FORM FOR APPOINTMENT

Name of the post applied for.....

Advt. No..... Date.....

Demand Draft Details

Name of the Bank..... Bank Draft Number.....

Date..... Amount Rs. 500/-.

Paste a self
attested recent
passport size
photograph

A. General Information:

1. Name in Full.....

{IN BLOCK LETTERS}

2. Parentage Fathers name

3. Date of Birth: Day..... Month..... Year

4. Sex: Male Female

5. Please tick the Category

Gen SC ST OBC Differently abled persons

6. Nationality

7. State to which the applicant belongs.....

8. Permanent Address

.....

..... Pin Code.....

Address for Correspondence.....

..... Pin Code.....

Email ID..... Phone No..... Mobile

9. If selected how much time will you require to join?

*Fee is exempted in case of SC/ST candidates

B. Educational Qualifications:

Exam. Passed	Board/ University	Year of Passing	Marks Obtained	Maximum Marks	% of Marks	Div/Grade	Subjects
Matriculation							
Higher Secondary							
Bachelor's degree							
Master's Degree							
M.Phil							
Ph.D							
Any other Qualifications							

C. Teaching Experience (if any).

Designation	Name of the Organization	Scale of Pay		Nature of appointment	Period of service		
		PB	GP		From	to	Period
I.							
II.							
III.							
IV							

D. Research Experience (if any).

Designation	Name of the Organization	Seale of Pay		Nature of appointment	Period of service		
		PB	GP		From	to	Period
I.							
II.							
III.							
IV							

E. Technical Experience (if any).

Designation	Name of the Organization	Scale of Pay		Nature of appointment	Period of service		
		PB	GP		From	to	Period
I.							
II.							
III.							
IV							

K R 2

F. Administrative Experience (if any)

Designation	Name of the Organization	Scale of Pay		Nature of appointment	Period of service		
		PB	GP		From	to	Period
I.							
II.							
III.							
IV							

G. Details of the current employment (if any)

I hereby declare that all entries made by me in this application form are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false my candidature/appointment is liable to be cancelled/terminated .

Signature of the Applicant

Place.....

Date.....

(The endorsement below is to be signed and forwarded by the Head of the Department /Employer in the case of the in-service candidates whether in permanent or temporary capacity failing which the application is liable to be rejected)

ENDORSEMENT OF THE EMPLOYER

Ref. No.

Date.....

Forwarded

The applicant(name) is holding the post of in this College/University/Institution/Department on a temporary/substantive basis since (date). His /Her present Pay is Rs..... in the Pay structure of Rs..... with AGP/GP of Rs..... and he/she is drawing salary of Rs..... per month. His/ Her next date of increment is We have no objection to his/her application being considered.

Signature of the Officer

(with office seal)

Note: The candidate must mention his/her name and Post for at the back of the Demand Draft.



3

Copy of the Certificate to be enclosed with the Application Form

**FORMAT FOR CERTIFICATE TO BE PRODUCED
BY CANDIDATES APPLYING UNDER THE OBC CATEGORY**

This is certify that _____ son/daughter of _____ of village _____
District/Division _____ in the State _____ belongs to the _____ community which is recognized as a
Backward class in under following resolution of Government of India, Ministry of Welfare-

- *(i) Resolution No. 12011/68/93-BCC (C), dated the 10th September, 1993, published in the Gazette of India, Extraordinary, Part-I, Section I, No. 186, dated the 13th September, 1993,
- *(ii) Resolution No. 12011/9/94-BCC, dated the 19th October, 1994, published in the Gazette of India, Extraordinary, Part-I, Section I, No. 163, dated the 20th October, 1994.
- *(iii) Resolution No. 12011/7/95-BCC, dated the 24th May, 1995, published in the Gazette of India, Extraordinary, Part-I, Section I, No. 88, dated the 25th May, 1995.
- *(iv) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India, Extraordinary, Part-I, Section I, No. 210, dated the 11th December, 1996.
- *(v) Resolution No. 12011/96/94-BCC, dated 9/03/96.
- *(vi) Resolution No. 12011/13/97-BCC, dated 03/12/97.
- *(vii) Resolution No. 12011/99/94-BCC, dated 11/12/97.
- *(viii) Resolution No. 12011/68/98-BCC, dated 27/12/99.
- *(ix) Resolution No. 12011/88/98-BCC, dated 06/12/99 published in the Gazette of India, Extraordinary, Part-I, Section I, No. 270 dated 06/12/99.
- *(x) Resolution No. 12011/36/99-BCC, dated 04/04/2000 published in the Gazette of India, Extraordinary, Part-I, Section I, No. 71 dated 04/04/2000.
- *(xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India, Extraordinary, Part-I, Section I, No. 210 dated 21/09/2000.
- *(xii) Resolution No. 12015/9/2000-BCC, dated 06/09/2001.
- *(xiii) Resolution No. 12011/1/2001-BCC, dated 19/06/2003.
- *(xiv) Resolution No. 12011/4/2000-BCC, dated 13/1/2004
- *(xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 in the Gazette of India, Extraordinary, Part-I, Section I, No. 210 dated 16/01/2006.

*Shri _____ and /or his/her family ordinarily reside(s) in the _____ District/ Division of
the _____ State.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel and Training, O.M. No.36012/22/93/-Estt. (SCT), dated 08-09-1993 which is modified vide OM NO. 36033/3/3004 Estt. (Res) dated 09/03/2004.

District Magistrate
Deputy Commissioner, etc.

Dated _____

SEAL

*Strike out whichever not applicable

N.B. -

- (a) The term 'ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People's Act, 1950.
- (b) The authorities competent to issue caste certificates are indicated below:-
 - (i) District Magistrate/Additional Magistrate/ Collector/Deputy Commissioner/Additional Deputy commissioner/Deputy Collector/First Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of First class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
 - (iii) Revenue officer not below the rank of Tehsildar, and.
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.



Copy of the Certificate to be enclosed with the Application Form

FORMAT FOR CASTE/TRIBE CERTIFICATE TO BE PRODUCED
BY THE CANDIDATES APPLYING UNDER SC/ST CATEGORY.

Form of Certificate as prescribed in M.H.A. O.M. No. 42/21/49-N.G.S., dated 28-1-1952 as revised in Dept. of Per. & A.R.,
Letter No. 36012/6/76-Est. (S.C.T.), dated 29-10-1977, to be produced by a candidate belonging to a Scheduled Caste or Scheduled Tribe
support of his claim.

FORM CASTE/TRIBE CERTIFICATE

This is to certify that Shri/Shrimati*/Kumari* _____ Son/daughter* of Shri /
Shrimati _____ of village/town* _____ in
District/Division* _____ of the State/Union Territory* _____ belongs to
the _____ Caste/Tribe* which is recognized as a Scheduled Caste / Scheduled Tribe*

- Under: The Constitution (Scheduled Castes) order, 1950.
*The Constitution (Scheduled Tribe) order, 1950.
*The Constitution (Scheduled Castes) (Union Territories) Order, 1951.
*The Constitution (Scheduled Tribe) (Union Territories) Order, 1951.

(As amended by the Scheduled castes and Schedules Tribes Lists (Modification Order) 1956, the Bombay
Reorganization Act, 1960, the Punjab Reorganization Act, 1966 the State of Himachal Pradesh Act, 1970, the North- eastern Areas
(Reorganization) Act, 1971 and the scheduled Castes and Schedules Tribes Orders (Amendment) Act, 1976.)

- *The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- *the Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the scheduled castes and
Scheduled Tribes Orders (Amendment) Act, 1976;
- *The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;
- *The Constitution (Dadra and Nagar Haveli) Scheduled Tribe Order, 1962;
- *The Constitution (Pondicherry) Scheduled castes Order, 1964;
- *The Constitution (Uttar Pradesh), Scheduled Tribes Order, 1967;
- *The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;
- *The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;
- *The Constitution (Nagaland) Scheduled Tribes Order, 1970;
- *The Constitution (Sikkim) Scheduled Castes Order, 1978;
- *The Constitution (Sikkim) Scheduled Tribes Order, 1978;
- *The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- *The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- *The Constitution (Scheduled Tribes) Order Amendment Act, 1991;
- *The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991;

2. ***This certificate is issued on the basis of the Scheduled Castes /Scheduled Tribes Certificate issued to
Shri/Shrimati* _____ father/mother* of Shri/Shrimati/Kumari* _____ of
village/town* _____ in District/Division* _____ of the State /Union
Territory* _____ who belong to the Caste/Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the
State/Union Territory* _____ issued by the _____ dated _____

3. Shri/Shrimathi/Kumari* _____ and/or* his/her* family ordinarily reside(s) in the
village/town* _____ of _____ District/Division* of the State/Union Territory* of _____

Place _____
Date _____

Signature _____

Designation _____
(With seal of office)
_____ State/Union Territory

Note:- The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950

HA

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No.....

DISABILITY CERTIFICATE

1. This is certified that Smt./Shri/Kum*
 Son/ daughter* of Shri. age.....sex
 Male/Female having identification marks as below.....
 Is suffering from permanent disability of following category :

Paste here your recent colour photograph showing the disability (The photograph should be attested by the Chairperson of the Medical Board)

A. Locomotor-or cerebral palsy :

- (i) BL-Both legs affected but not arms. (a) Impaired reach
- (ii) BA-Both arms affected (b) Weakness of grip
- (iii) QL-One leg affected (right or left) (a) Impaired reach (c) Ataxic
- (iv) OA-One arm affected (right or left) (b) Weakness of grip (c) Ataxic
- (v) BH-Stiff back and hips (cannot sit or stoop)
- (vi) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision :

(C) Hearing impairment :

- (i) B-Blind (ii) PB-Partially Blind (i) D-Deaf (ii) PD-Partially Deaf
- (Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of.....year.....months.

3. Percentage of disability in his / her case is.....percent.

4. Smt./Shri/Kum* meets the following physical requirement for discharge of his/her duties :

- (i) F-can perform work by manipulating with fingers. Yes/ No
- (ii) PP-can perform work by pulling and pushing. Yes/ No
- (iii) L-can perform work by lifting. Yes/ No
- (iv) KC-can perform work by kneeling and crouching. Yes/ No
- (v) B-can perform work by bending. Yes/ No
- (vi) S-can perform work by sitting. Yes/ No
- (vii) ST-can perform work by standing. Yes/ No
- (viii) W-can perform work by walking. Yes/ No
- (ix) SE-can perform work by seeing. Yes/ No
- (x) H-can perform work by hearing/speaking. Yes/ No
- (xi) RW-can perform work by reading and writing. Yes/ No

(Signature of Doctor)	(Signature of Doctor)	(Signature of Doctor)
Name :	Name :	Name :
Registration No. :	Registration No. :	Registration No. :
Member, Medical Board	Member, Medical Board	Member/Chairperson, Medical Board

*Please delete the words which are not applicable

Place :

Counter signature of the Medical Superintendent/CMO/
 Head of Hospital (with seal)

ate:

Note . (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1998 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-Section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor / hearing and speech disability, mental retardation and leprosy cured, as the case may be.

(ii) The certificate would be valid for a period of 5 years (for those whose disability is temporary). For those who acquired permanent disability, the validity can be shown as 'permanent'.

[Handwritten signature]

Check list of Documents Enclosed		
S.No.	Documents	
1	Matric/Secondary/High School (10 th Class) Marks Sheet	
2	Matric/Secondary/High School (10 th Class) Certificates	
3	Sr. Secondary/Intermediate (12 th Class) Marks Sheet	
4	Sr. Secondary/Intermediate (12 th Class) High School Certificate	
5	Bachelor's Degree Marks Sheet	
6	Bachelor's Degree	
7	Master's Degree Marks Sheet	
8	Master's Degree	
9	M.Phil Marks Sheet	
10	M.Phil Degree	
11	Ph.D. Degree	
12	Experience Certificate(s) from previous employers:	
13	Endorsement from the present employer	
14	DD for the application fees (in original)	
15	Category Certificate (if applicable) SC/ST/OBC in the prescribed format (Annexure- II or III)	
16	Disability Certificates (if applicable) in the prescribed format issued by a Medical Board.(Annexure- IV)	
17	Any other (Please Specify)	

Date:

Signature of the Candidate

 B