

APPLICATION FORM FOR POSTS OF REGISTRAR

Note: Prospective candidates are advised to study the Instructions carefully and then fill up the application in all respects. No column should be left blank. Incomplete application will be rejected. Attach additional sheets, if required. However, information given must be precise to the point.

Application No.: Date of Receipt of Application Form: (For Office use Only)	Registration No: (For Office use Only)
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Details of application fees (please attach original DD with application)

DD Number & Date	Amount	Name of the Bank	DD issuing Branch's Name

Paste your recent
colour passport
size signed photo

1. Name of the Post Applied for: Registrar

2. Personal Details:

(a) Name (in capital letters)	First Name	Middle Name	Surname
(b) Date of Birth	Day	Month	Year
(c) Father's Name	Age as on date of Advertisement		
(d) Mother's Name	Years	Months	
(e) Nationality	Male / Female		
(f) Gender	Religion		
(g) Religion	h) Community/Category		
(h) Community/Category	GEN / SC / ST / SEBC / Other categories: _____ If other Categories give details _____		
(i) Marital Status	Married/ Unmarried		
(j) If physically disabled indicate the relevant particulars	If applicable write "Yes"	Percentage of Disability	
(i) Blindness or Low Vision			
(ii) Hearing impairment			
(iii) Locomotors Disability or Cerebral Palsy (includes all cases of Orthopedically Handicapped)			
(k) Present Postal Address with Pin Code			
E-mail:			

5. Total Period of Experience (Please ensure that the period of Teaching & Research experiences claimed do not overlap)				
		No. of Years	No. of Months	
Teaching				
Research				
6. Publications, if any, in last five years (Mention here only numbers. The details of copies of reprint be enclosed)				
Publications	Published (No.)	ISBN/ISSN No.	Accepted/ In Print /No)	Communicated (other than published/ Accepted)
Books Research Paper				
Books (edited)/ Chapter in Book				
Articles				
Conference Proceedings				
7.Seminars/Conferences etc.			In India (No)	In Abroad (No)
Seminars/Conferences/workshops/Symposiums/Training/Programmes etc. Organised				
Seminars/Conferences/workshops/Symposiums/Training/Programmes etc. Participated as per Paper Contributor/Presenter				
Seminars/Conferences/workshops/Symposiums/Training/Programmes etc. Attended Only				
8. Membership in Professional Body				
Name of the Organization	Annual Member ship	Life Membership	Membership No.	
9. Language Known: (please write yes or no whichever is applicable)				
Name of Language	Read	Write	Speak	
Gujarati				
Hindi				
English				
Other				

10. References (three)

1. Name: _____

Postal Address: _____

e-mail id: _____

Mobile No.: _____

2. Name: _____

Postal Address: _____

e-mail id: _____

Mobile No.: _____

3. Name: _____

Postal Address: _____

e-mail id: _____

Mobile No.: _____

- 11** Write a note on a separate sheet in about 200 words stating the nature of your academic/ administrative contribution to the university /department/programme/faculty where you served earlier. (Attach separate sheet)
- 12** Your vision and future plan for the overall development in about 200 words for the department/programme/university in which you have applied. (Attach separate sheet)
- 13** Time required to join, If offer of appointment will be issued? _____
- 14** Have you ever been arrested/prosecuted/kept in detention/convicted by a court of Law or whether any case is pending against you in a Court of Law? Yes ___ No ___ If the answer to the above question is “Yes” give details _____
- 15** Have you ever been debarred from any examination/rusticated by any University or any other educational institution or whether any case is pending against you in any University or any other educational institution? Yes _____ No _____ . If the answer to the above question is “Yes” give details _____
- 16** Has any disciplinary action been taken against you by any University/ Institute where you have served? Yes _____ No _____
“If Yes” give details _____.

Declaration

ISon/Daughter
of.....hereby declare that all the statements and
entries made in this application are true, complete and correct to the best of my knowledge
and belief. In the event of any information being found false or incorrect or ineligibility being
detected before or after the selection committee and during my entire career, my
candidate/appointment may be cancelled by the University

Date:

Signature of the Applicant

Place:

Name (in block letters):

(Application not signed by the candidate liable to be rejected)

Endorsement by the Employer:

(The endorsement below is to be signed & Forwarded by the Head of the Institution /Employer of the organization/ institution in the case of the in-service candidate)

Forwarded to The Registrar .

GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES IKDRC-ITS Premises,
Civil Hospital Campus, Asarwa, Ahmedabad – 380 016, Gujarat, India

The applicant Dr /Mr /Mrs./Ms. who has submitted this application for the post of in GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES has been working in this organization namely in the post of in a the temporary/contract/permanent capacity with effect from in the scale of pay of Rs. He/ She is drawing a basic pay of Rs.

Further, it is certified that the applicant has requisite qualifications experiences as per the post advertised. No disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/her application being Considered by the GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES

Signature of Forwarding Officer

Name:

Designation:

Place:

Date:

Seal

List of Documents Attached as per instruction on Sr.no 10

Sr. No	Documents	Page no
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