

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES**  
**(UNIVERSITY OF DELHI)**  
**& G.T.B. HOSPITAL. DILSHAD GARDEN. DELHI-IIO 095.**  
 (Application Form for Non-Teaching Posts)

Name of the post applied for \_\_\_\_\_

Advertisement No.: MC/Estab./2/11/\_\_\_\_\_ date : \_\_\_\_\_



**NOTE :**

(i) Copies of the Certificates, degrees, proof of age testimonials etc. should be attached with the application.

(ii) Applicant should send their application through proper channel.

01. Name of the applicant (in Block letters): \_\_\_\_\_

02. Father's/Husband's Name : \_\_\_\_\_

03. Address (in Block letters) at : \_\_\_\_\_  
 which a reply to this application.  
 If any, may be sent. \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

04. Date of birth \_\_\_\_\_ Age as on (date) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ days

05. Nationality \_\_\_\_\_ Sex \_\_\_\_\_ Married/Unmarried \_\_\_\_\_

06. Do you belong to Scheduled Caste/Scheduled Tribe/Other Backward Class (OBC)/ Physically Handicap (PH)? If so, proof thereof, be attached \_\_\_\_\_

07. Qualifications: Academic/Technical/Professional.

Exam. Passed	Univ./Board	% age of marks	Year of Passing	School/College Passing	Subjects Offered

08. Typing speed (w.p.m.) : a) English \_\_\_\_\_ b) Hindi \_\_\_\_\_

09. Shorthand Speed (w.p.m.) : a) English \_\_\_\_\_ b) Hindi \_\_\_\_\_

10. Computer Knowledge (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Experience & Past Employer:

Employer's Name & Address	Post Held	Period		Salary/ Grade Rs.	Reason for leaving
		From	To		

12. Name of the present Employer with address and telephone No. \_\_\_\_\_

\_\_\_\_\_

- 13. a. Present Post held with grade : \_\_\_\_\_
- b. Date of Joining on the present post : \_\_\_\_\_
- c. Present basic salary : \_\_\_\_\_
- d. Date of next increment : \_\_\_\_\_
- e. Age of retirement on the present post : \_\_\_\_\_

14. Minimum salary acceptable: \_\_\_\_\_

15. How much notice would you require to join: \_\_\_\_\_

16. Two references not related to you, of which at least one should be holding a responsible position in the line of your occupation preferably your present & past employer:

SNo.	Name of Referee	Occupation	Address with Telephone No.
1.			
2.			

17. Any other information: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I certify that the foregoing information is correct and complete to be best of my knowledge and belief and nothing has been concealed. I am not aware of any circumstances which might impair my fitness for employment. At any time, I am found to have concealed any material information given any false details, my appointment shall be liable to summary termination without notice or compensation.

DATED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT