



उत्तर प्रदेश गन्ना शोध परिषद्,
शाहजहाँपुर – 242 001

U.P. COUNCIL OF SUGARCANE RESEARCH,
SHAHJAHANPUR – 242 001

APPLICATION FORM FOR THE POST OF

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1. Fee Details

Post Applied for:	Fees Details		
	D.D. Number		
	Amount		
	Date		
Exempted case subject to production of proof for the same :			

2. Applicant's Details

1	Name in Full (in Capital Letters)			
2	Father's/Husband's Name			
3	Mother's Name			
4	Date of Birth (Please attach true copy of certificate)			
5	Age as on	Year	Month	Days
6	Marital Status (Married/Unmarried)			
7	Gender			

8	a) <u>Permanent Address</u>		b) <u>Correspondence Address</u>	
	Phone with S.T.D. Code		Phone with S.T.D. Code	
	Mobile Number		Mobile Number	
9	Nationality			
	Religion			
10	Category			
11	Health Status			

3. Educational Qualification:

(Please attach self attested photocopies of various Degrees/Certificates/Mark Sheets)

S.N.	Qualification Degree/Certificate	Stream/ Specialization	% Marks	Division	Month & Year of Passing	University	Remarks
1	SSC (10th)						
2	HSC (12th)						
3	UG						
4	PG						
5	Post PG (if any)						

4. Details of Work Experiences

(Please attach self attested copies of proof)

Position/ Designation	Name of the Institution	Nature of the Institution (Pvt./ Govt./ Semi Govt.)	Period		Total		Pay & Pay Scale
			From	To	Years	Month	

5. Innovations or achievements (Please attached self attested proof, if any).

6. If you are working under any Institution, give details of conduct and work in last five years, if communicated from Competent Authority.

Year	2021-22	2020-21	2019-20	2018-19	2017-18
Conduct					
Integrity					

7. Whether any disciplinary action taken against applicant, if yes gives particulars.

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8. Did you previously apply for any post in this Institute? If yes, give particulars:

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9. DECLARATION

“I hereby declare that I fulfill the eligibility conditions to the post and that the statements made by me in the form are true, complete and correct to the best of my knowledge and belief.”

Place:.....

Signature of Applicant

Date.....

Name