SARASWATI MAHILA MAHAVIDYALAYA, PALWAL

 $(Affiliated\ to\ M.D.\ University,\ Rohtak\ and\ Shri\ Vishwakarma\ Skill\ University,\ Palwal)\\ Website:\ www.smmpalwal.com_$

Email: saraswatipalwal@gmail.com Ph. No. 01275-253319, Mob. 9215558501

To The President Saraswati Mahila Mahavidyalaya, Palwal

Latest passport
photo

Palwai.	
Sub: Applied for the Post of	
Category: SC / BC/ GEN/ ESM	
Category, Se / Be/ GLIV/ ESIVI	
Sir, with reference to your advertisement in	
datedfor the post of	
My application may be considered for the said post. My details are given below:	
Name (in Block Letters)	
Father's Name	
Date of BirthNationality	
Address for correspondence.	
Email Address Moh No	

QUALIFICATIONS (with attested copies of the documents)

EXAMINATION	YEAR OF PASSING	BOARD / UNI.	MARKS OBTAINED	%	SUBJECTS
MATRIC					
HR.SEC/+2					
B.A/B.SC/					
B.COM./BBA/BCA /any					
other please mention					
M.A / M.SC./ M.COM /					
MBA/ MCA/ any other					
please mention					
M.Phil.					
Ph.D.					
NET/SLET					
Any other qualification					

Are **you Gold Medalist** in UG/PG and Topper in Board Examination at 10+2 level?

EXAMINATION PASSED	UNI./BOARD	YEAR OF PASSING	MARKS OBT.	MAX. MARKS	DIVISION / PERCENTAGE

CO-CURRICULAR ACTIVITES:

Have you got any position in co-curricular activities? If yes, please fill details and attach attested copies of certificates.

S.NO.	NAME OF THE CO-	UNIV. YOUTH FESTIVAL	POSITION HELD
	CURRICULAR	/ ZONAL / INTER-ZONAL	RECOMMENDED/
	ACTIVITIES	/ STATE LEVEL	COMMENDED

Have you obtained any position **in Sports**? If yes, please give details and attach attested copies of certificates

S.NO.	NAME OF SPORTS	INTERNATIONAL/ NATIONAL/ INTER UNI. / STATE	POSITION - Ist / IInd / IIIrd / PARTICIPATION

- a) Have you donated Blood? If yes, how many times (attach certificate)_____
- b) Do you have NCC Certificate? If yes, please mention B or C certificate ______
- c) Have you attend 10/7 days NSS camp or Scout & Guide (Rajya Puruskar) Yes/No ————
- d) Any other activities for which weightage can be claimed _____

EXPERIENCE & PAST EMPLOYEMENT (Attach attested copies)

NAME OF THE INSTITUTION	POST & NATURE OF APPOINTMENT	FROM	ТО	TOTAL EXPERIENCE YEAR, MONTH & DAYS

Address of present employer with phone no.

PUBLICATIONS DETAILS (Please Attach Proof):

Title of the Paper/Book/ Chapter / Publisher	Name of the Journal	ISSN/ISBN Number	No. of Co-Authors	Whether you are main Author?

DECLARATION:

I certify that the information given above is correct to the best of my knowledge and belief and nothing has been concealed therein. If at any time, I am found to have concealed any material information or given false details, my appointment shall be liable to be cancelled.

Date	Signature of Applicant
Place	
(You may attach extra sheet if required.)	
NOTE:	

- *A copy of the above application should be send by Registered Post to the Dean, College Development Council, M.D. University, Rohtak. (Within 21 days of the advertisement)
- * Self attested copies of all certificates, degrees, etc. should be attached with the application and originals of all such documents must be produced at the time of interview.
- *Weightage/Relaxation will be given as per latest norms/rules to the candidates for Sports/NCC/NSS activities etc (attach certificates).
- *No T.A/D.A will be given for attending the interview