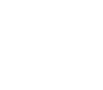
**Educational Multimedia Research Centre**

(An Institution of CEC-UGC on Electronic Media)

St. Xavier’s College (Autonomous), Kolkata

30 Mother Teresa Sarani, Kolkata – 700 016

*Application No.*

Affix a recent  passport size  colour  photograph with  self-attestation 

photograph with  self-attestation

*(for Office use only)*

**Application Form**

(Please read the Instructions & Guidelines before filling the form)

Advertisement No…………………………….

|  |  |
| --- | --- |
| **Post Applied for:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details (in capitals)** | | | | | | | |
| 1. | Full Name:  (in block letters) |  | | | | | |
| 2(a) | Father’s Name: |  | | | | | |
| 2(b) | Mother’s Name: |  | | | | | |
| 3. | Nationality: |  | | | | | |
| 4. | Gender: (Male/Female) |  | | | | | |
| 5. | Date of Birth: |  | | | | | |
| 6. | Age as on the last date of submission of application | Years: |  | Months: |  | Days: |  |
| 7. | Category:  (SC/ ST / OBC / PWD / Gen) |  | | | | | |
| 8. | Whether Physically Challenged (If yes, please specify with  relevant certificate) |  | | | | | |
| 9. | Marital Status: |  | | | | | |
| 10. | Permanent Address: |  | | | | | |
| 11. | Full address for Correspondence:  (with PIN code) |  | | | | | |
|  | Tel. No. |  | | | | | |
|  | Mobile No. |  | | | | | |
|  | E-Mail |  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| 12. | **Educational Qualifications (Matriculation onwards):** | | | | |
| Name of the  Exam | Board/University | Year of  Passing | % of  marks | Division/ Class/ GPA | Subjects |
|  |  |  |  |  |  |
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| Please use an additional sheet, if required, retaining the above tabular format. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 13. | **Experience (Enclose additional sheet, if required, in the same format):** | | | | |
| Organisation | Post held  (permanent/ temporary)  Basic Pay and Pay Band  with Grade Pay | Nature of Work | Period | | No. of Years/  months |
| From | To |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 14. | **Languages Known:** | | | | |
| Language | | Speak | Read | Write | Examination Passed  (if any) |
|  | |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 15. | **Present position:** | |
| a. | Designation along with nature of  appointment |  |
| b. | Present pay scale & other details: |  |
| c. | Pay Band + GP: |  |
| d. | Present basic pay: |  |
| e. | Total Emoluments:  (Including DA, HRA, TA etc.) |  |
| f. | Date of next increment: |  |

|  |  |
| --- | --- |
| 16. | **Are you willing to accept the minimum pay? If not, what initial pay do you expect? Give reasons justifying your  request.** |
|  |  |

|  |  |
| --- | --- |
| 17. | **If appointed, how much time will you need for joining the Institution?** |
|  |  |

|  |  |
| --- | --- |
| 18. | **Any other relevant information you wish to furnish:** |
|  |  |
| Please use an additional sheet, if required, retaining the above tabular format. | |

|  |  |  |
| --- | --- | --- |
| 20. | **Referees: Give below the names of two referees holding responsible position and should not be a relative of the candidate. One of the referees should be his/her present or recent employer.** | |
|  | Name | Address, Phone No. and E-mail ID |
| 1. |  |  |
| 2. |  |  |

**DECLARATION**

I declare that all the entries made in the application are true to the best of my knowledge and belief,  and that I have not suppressed or misrepresented any information which may disqualify my candidature.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the applicant

**ENDORSEMENT OF THE FORWARDING AUTHORITY**

Mr./Mrs./Miss/Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been working in a temporary/permanent capacity with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. His/her Pay band + Grade Pay is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/she is drawing a basic pay of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. His/her next increment is due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It is certified that no disciplinary / vigilance case has ever been held or contemplated or pending against him/her.

Signature:

Name:

Date: Designation:

Seal of the Office: