**G B Pant Social Science Institute**



(A Constituent Institute of the Central University of Allahabad)

Jhusi, Prayagraj 211019

Website: www.gbpssi.in

**Application Form for Group – A, B, C and C-MTS**

Paste your recent passport size photograph

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| In response to advertisement number | | **\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Post Applied for | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Personal Details** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name  (In Block Letters) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | | | | | | |
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| Date of Birth | |  | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | Age as on date of advertisement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| D | | | D | | | | | M | | | | | | M | | | | | Y | | | | | | | Y | | | | | Y | | | | | Y | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Father's Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gender | | Male | | | | | | | | | |  | | | | | Female | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Transgender | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |
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| Religion | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Community/Category | | GEN | | | | | | | | |  | | | | | | SC | | | | | | | | | | |  | | | | | ST | | | | | | | | | | | |  | | | | | | | OBC | | | | | |  | | | | EWS | | | | | | | | | | |  | | | | |  | | | | | | | | | |
| For any other categories, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Marital Status | | Married | | | | | | | | | | | | | | | | | | | | | |  | | | | | Unmarried | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If physically disabled:  If applicable write Nature of disability | | Blindness or Low Vision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Percentage of Disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Attachment No. | | | | | | | | | | | |
| Hearing impairment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Locomotor or cerebral palsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |
| Orthopedically Handicapped | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| Present Postal Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E-mail | |  | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | | | | |  | | | | |  | |  | | |  | | | |  | | |  | | | |  | | | | | |  | | | |  | | |  | | |  | | | | |  | | | |
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| Landline with STD Code |  | | |  | | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | Fax | | | | | | | |  | | | |  | | |  |  | | | | | |  | |  | | | | |  | |  | | |  | | |  | | | |  |

**2. Educational Qualifications (attach additional pages if required)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of**  **The Course** | **Name of the**  **Board/University** | **Month &**  **Year**  **Passed** | **Division** | **%**  **Marks** | **CGPA**  **(if grading is**  **applicable)** | **Subjects**  **Studied** | **Enrolment/ Roll No.** |
| 10th Class/  Equivalent |  |  |  |  |  |  |  |  |
| 12th Class/  Equivalent |  |  |  |  |  |  |  |  |
| Graduation |  |  |  |  |  |  |  |  |
| Post Graduation |  |  |  |  |  |  |  |  |
| Any other Academic qualification |  |  |  |  |  |  |  |  |

**3. Experiences (attach additional pages if required)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Designation & Scale of Pay** | **Basic Pay** | **Grade Pay/ Level/CTC** | **Name & Address of the Employer** | **Nature of Employment Permanent/Temporary/**  **Contract/Others (specify)** | **Period of**  **Experience** | | **No of Years /Months** | **Nature of**  **Work/Duties** |
| Date from | Date To |
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**Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Son/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 Board of Management meetings, my candidature/appointment may be cancelled by the Institute.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Applicant

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block letters)

(Application not signed by the candidate is 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 G B Pant Social Science Institute, Prayagraj**

The applicant Dr./Mr./Mrs./Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has submitted this application for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the G B Pant Social Science Institute, Prayagraj has been working in this organization namely \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in a 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. There is 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 G B Pant Social Science Institute.

Signature of forwarding Officer

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_