

KURUKSHETRA UNIVERSITY KURUKSHETRA
(Established by the State Legislature Act XII of 1956)
(' A+' Grade NAAC Accredited)

Space for
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Application for engagement of _____

- 1 Name of the candidate : _____
- 2 Father's Name : _____
- 3 Date of Birth : _____
- 4 Permanent Address : _____

- 5 Address for correspondence : _____

- 6 Mob. No. : _____
- 7 Email ID : _____
- 8 Whether belongs to : _____
SC/ST/BC
- 9 Male/Female :
- 10 Qualifications :

Exam Passed	Univ./ Board	Year of passing	Max. Marks	Marks Obtained	% of Marks	Result/ Division

10(A) % age of marks in the concerned subject (aggregate of all the 3 yrs of graduation level)

11. Experience _____ Years _____ Months _____

a) Post held : _____

b) Name of the Employer : _____

12. Do you permit to supply a copy of your application form, if demanded under Right to Information Act, 2005 (Say Yes or No) : _____

13. Other information, if any : _____

Dated: _____

Signature of the Applicant

NOTE - A set of seven copies of application form be submitted.