

GAUR BRAHMAN DEGREE COLLEGE, ROHTAK (Govt.-Aided and affiliated to M.D. University, Rohtak)

Application Form (College Copy)

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	For office use	e only	Paste here a signed copy
	Diary No		of your recent
	Date:		passport size photograph
			photograph
	Applied for the po	ost of	
	Name of the New	spaper	
	Details of fee:	Demand Draft Nos. (In favour o	f Principal) _Amount (Rs.)
1.	Name of applicant:	(in block letters)	
2.	Father's Name: (In	block letters).	
3.	Mother's Name ((I	n block Letters)	
4.		Month ne matriculation certificate)	Year
5.	AgeYe	earsmonths (as on the last d	ate fixed for the receipt of application)
6.	Sex : (Male/Female	e)	
7.	Marital Status:		
8.	Nationality:		
9.	Religion:	Category	
10.	AADHAR No. of	Candidate:	
11.	Address for Corres	pondence (in Capital Letters):	
	Pin Code	Mobile No	E-mail:
12.	Permanent Address	(in Capital Letters):	

13) Qualification: -

Examination	Year	Name of Board/ University	Marks obtained out of	%age of Marks	Division
Matric					
Hr. Sec./+2/ Pre-Uni.					
B.A. /B.Sc./B.Com./					
B.B. A./ B.C.A.					
M.A./M.Sc./M.Com./					
M.C.A/M.B.A.					
Diploma/ Certificate					
Any Other					

14) Experience (if any): -

Name of Institution	Post & Nature of	From	To	Total
	Appointment			Experience

		Yours faithfully,
Date:		
Place:		(Signature of the Candidate)
Copy By RI	EGISTERED POST to The Dean, College D	evelopment Council, M.D. University, Rohtak-124001.
		(Signature of the Candidate)
Note:-	The Candidate may use extra sheet of pa	aper, if required, for furnishing any other relevant details.
For Office \	Use	
1. 2. 3.	Discrepancy (ies) if any:	Eligible/ Ineligible:
Signature of	the Screening Committee	



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	Month_ e matriculation certificate)	Year		
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Sex : (Male/Female)				
Marital Status:				
Nationality:				
Religion:	Religion: Category			
AADHAR No. of C	Candidate:			
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Permanent Address	(in Capital Letters):			
Pin Code	Mobile No.	E-mail:-		

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